SERFF Tracking Number:	*NWLC-125327277*	*State:*	*Arkansas*
Filing Company:	*Nationwide Mutual Insurance Company*	*State Tracking Number:*	*#4120 $50*
Company Tracking Number:	*SRINTRVL2500 AR F*		
TOI:	*09.0 Inland Marine*	*Sub-TOI:*	*09.0009 Travel Coverage*
Product Name:	*NATIONWIDE INBOUND-OUTBOUND TRAVEL*		
Project Name/Number:	*NATIONWIDE INBOUND-OUTBOUND TRAVEL/SRINTRVL2500 AR*		

Filing at a Glance

Company: Nationwide Mutual Insurance Company

Product Name: NATIONWIDE INBOUND-OUTBOUND TRAVEL	SERFF Tr Num: NWLC-125327277	State: Arkansas
TOI: 09.0 Inland Marine	SERFF Status: Closed	State Tr Num: #4120 $50
Sub-TOI: 09.0009 Travel Coverage	Co Tr Num: SRINTRVL2500 AR F	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
	Author: Susan Coulter	Disposition Date: 01/23/2008
	Date Submitted: 12/20/2007	Disposition Status: Approved
Effective Date Requested (New): On Approval		Effective Date (New):
Effective Date Requested (Renewal): On Approval		Effective Date (Renewal):

State Filing Description:

General Information

Project Name: NATIONWIDE INBOUND-OUTBOUND TRAVEL	Status of Filing in Domicile: Not Filed
Project Number: SRINTRVL2500 AR	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 01/23/2008	
State Status Changed: 01/23/2008	Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Nationwide Mutual Insurance Company is filing the captioned inbound/outbound travel program for your review and approval. The program will be issued to American Travel Services Trust located at Marine Bank in Springfield, Illinois. The program provides benefits related to travel for people traveling out-bound from this country who need to cover losses related to travel. The main market is people traveling for extended periods of time such as students and extended employment situations. The program covers trip interruption, delay, and cancellation, baggage, medical expense, ADD, repatriation, and emergency evacuation. The inbound program covers persons traveling to this country from other

countries for extended periods of time.

The bracketed language is either included or excluded. It is not variable within brackets except for numerical data that would comply with state minimums.

These forms are new forms and do not supersede any forms on file with the Department. The program will become effective on the date of your approval.

Company and Contact

Filing Contact Information

Susan Coulter,
379 Princeton-Hightstown Road
Cranbury, NJ 08512

susan@coulter-and-associates.com
(609) 443-7940 [Phone]

Filing Company Information

Nationwide Mutual Insurance Company
1 Nationwide Plaza
Columbus, OH 43215
(614) 854-3375 ext. [Phone]

CoCode: 23787
Group Code:
Group Name:
FEIN Number: 31-4177100

State of Domicile: Ohio
Company Type:
State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	$50.00
Retaliatory?	No
Fee Explanation:	FEE FOR FILING ONE POLICY
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Nationwide Mutual Insurance Company	$50.00	12/20/2007	

SERFF Tracking Number:	*NWLC-125327277*	*State:*	*Arkansas*
Filing Company:	*Nationwide Mutual Insurance Company*	*State Tracking Number:*	*#4120 $50*
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CHECK NUMBER	CHECK AMOUNT	CHECK DATE
4120	$50.00	10/17/2007

SERFF Tracking Number:	*NWLC-125327277*	*State:*	*Arkansas*
Filing Company:	*Nationwide Mutual Insurance Company*	*State Tracking Number:*	*#4120 $50*
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Project Name/Number:	*NATIONWIDE INBOUND-OUTBOUND TRAVEL/SRINTRVL2500 AR*		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	01/23/2008	01/23/2008

SERFF Tracking Number:	*NWLC-125327277*	*State:*	*Arkansas*
Filing Company:	*Nationwide Mutual Insurance Company*	*State Tracking Number:*	*#4120 $50*
Company Tracking Number:	*SRINTRVL2500 AR F*		
TOI:	*09.0 Inland Marine*	*Sub-TOI:*	*09.0009 Travel Coverage*
Product Name:	*NATIONWIDE INBOUND-OUTBOUND TRAVEL*		
Project Name/Number:	*NATIONWIDE INBOUND-OUTBOUND TRAVEL/SRINTRVL2500 AR*		

Disposition

Disposition Date: 01/23/2008
Effective Date (New):
Effective Date (Renewal):
Status: Approved
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*NWLC-125327277*	*State:*	*Arkansas*
Filing Company:	*Nationwide Mutual Insurance Company*	*State Tracking Number:*	*#4120 $50*
Company Tracking Number:	*SRINTRVL2500 AR F*		
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Product Name:	*NATIONWIDE INBOUND-OUTBOUND TRAVEL*		
Project Name/Number:	*NATIONWIDE INBOUND-OUTBOUND TRAVEL/SRINTRVL2500 AR*		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	3rd Party Authorization	Approved	Yes
Form	CERTIFICATE OF INSURANCE	Approved	Yes

SERFF Tracking Number:	*NWLC-125327277*	*State:*	*Arkansas*
Filing Company:	*Nationwide Mutual Insurance Company*	*State Tracking Number:*	*#4120 $50*
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TOI:	*09.0 Inland Marine*	*Sub-TOI:*	*09.0009 Travel Coverage*
Product Name:	*NATIONWIDE INBOUND-OUTBOUND TRAVEL*		
Project Name/Number:	*NATIONWIDE INBOUND-OUTBOUND TRAVEL/SRINTRVL2500 AR*		

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	CERTIFICATE OF INSURANCE	SRINTRVL2500		Certificate	New		0.00	SRINTRVL2500 NWM FINAL.pdf

[PROGRAM NAME]

Underwritten by Nationwide Mutual Insurance Company

CERTIFICATE OF INSURANCE
TRAVEL INSURANCE

THIS PROGRAM IS ISSUED FOR A STATED TERM AS SHOWN IN YOUR SCHEDULE

This Certificate describes all of the travel insurance benefits, underwritten by Nationwide Mutual Insurance Company and herein referred to as the Company. The insurance benefits vary from program to program. Please refer to the Schedule. It provides You with specific information about the program You purchased.

FOURTEEN-DAY LOOK

You may cancel insurance under the Policy by giving the Company or the agent written notice within the first to occur of the following: (a) 14 days from the Effective Date of Your insurance; or (b) Your Scheduled Departure Date. If You do this, the Company will refund Your premium paid provided no Insured has filed a claim under the policy.

TABLE OF CONTENTS

SECTION I - DEFINITIONS

[“Accident” or “Accidental” shall mean an event, independent of Illness or self inflicted means, which is the direct cause of bodily Injury to an Insured Person.]

[“Airworthiness Certificate” as used in this Hazard shall mean the “Standard” Airworthiness Certificate issued by the Federal Aviation Agency of the United States or its foreign equivalent issued by the government authority having jurisdiction over civil aviation in the country of its registry.]

[“Alcohol or Drug Abuse” shall mean any pattern of pathological use of alcohol or drug that causes impairment in social or occupational functioning, or that produces physiological dependency evidenced by physical tolerance or by physical symptoms when it is withdrawn.]

[“Amateur or Interscholastic Athletics” shall mean a sponsored and/or organized league.]

[“Ambulatory Surgical Center” shall mean a surgical or medical center which has (1) permanent facilities for surgery; (2) organized medical staff of Physicians and registered graduate nurses; (3) is authorized by law in the jurisdiction in which it is located to perform surgical services and is licensed (if no license is required, officially approved) under law.]

[“Assistance Provider” means an assistance service company appointed by the Company.]

[“Baseline Mammogram” shall mean a screening mammogram that is used as a comparison for future examinations.]

[“Coinsurance” shall mean the percentage amount of eligible Covered Expenses, after the Deductible, which are the responsibilities of the Insured Person and must be paid by the Insured Person. The Coinsurance amount is stated in Your Schedule, under each stated benefit.]

[“Common Carrier” shall mean any [land,] [sea,] [and/or] [air] conveyance operating under a valid license for the transportation of passenger for hire.]

[“Complications of Pregnancy” shall mean any or all of the following conditions which are made worse by, occur during, or are caused by pregnancy: acute nephritis, nephrosis, cardiac decompensation, missed abortion, hyperemesis gravidarum, ectopic pregnancy that is ended, non-elective cesarean section, pre eclampsia, gestational diabetes, spontaneous end of pregnancy which occurs when a viable birth is not possible, and other medical problems of similar severity.]

[“Cosmetic Surgery” shall mean the surgical alteration of tissue primarily for the improvement of appearance rather than to improve or restore bodily functions.]

[“Covered Expenses” shall mean Reasonable Charges which are for Medically Necessary services, supplies, care, or treatment; due to Illness or Injury; prescribed, performed or ordered by a Physician; incurred while insured under the policy; and which do not exceed the maximum limits shown in the Schedule of Benefits, under each stated benefit.]

[“Custodial Care” shall mean that type of care or service, wherever furnished and by whatever name called, that is designed primarily to assist an Insured Person, whether or not totally disabled, in the activities of daily living.]

[“Cytologic Screening” shall mean a pap test to detect cervical cancer through the simple microscopic examination of cells scraped from the surface of the cervix.]

[“Deductible” shall mean the amount of eligible Covered Expenses which are the responsibility of each Insured Person and must be paid by each Insured Person before benefits under the Policy are payable by the Company. The Deductible amount is stated in Your Schedule, under each stated benefit.]

[“Dentist” shall mean a legally licensed doctor of dental Surgery; dental medicine or dental science. A dental hygienist who works within the scope of his/her license, under the supervision of a Dentist, is a covered practitioner.]

[“Dependent” shall mean an Insured Spouse or an Insured Dependent Child.]

[“Disablement” as used with respect to medical expenses shall mean an Illness or an Accidental bodily Injury necessitating medical Treatment by a Physician as defined in the policy.]

[“Educational or Rehabilitative Care” shall mean the care for restoration (by education or training) of one’s ability to function in a normal or near normal manner following an Illness or Injury. This type of care includes, but is not limited to, physical therapy, occupational therapy, and speech therapy.]

[“Effective Date” shall mean the date the Insured Person’s coverage under the policy begins. The Effective Date Is the later of the following:

[1. The Date the Company receives a completed enrollment form and premium for the Individual Coverage Term] [or]
[2. The Effective Date requested on the enrollment form] [or]
[3. The moment the Insured Person [departs] [arrives] [exits their Home Country airspace]] [or]
[4. The Date the Company approves the enrollment form]]

[“Elderly Traveler” shall mean a person traveling with the Insured Person who is older than age [65, 75, 85].]

[“Elective Surgery” means Surgery or medical Treatment which is not necessitated by a pathological or traumatic change in the function or structure in any part of the body first occurring after the Insured’s effective date of coverage. Elective Surgery includes, but is not limited to, circumcision, tubal ligation, vasectomy, breast reduction, sexual reassignment Surgery, and submucous resection and/or other surgical correction for deviated nasal septum, other than for necessary Treatment of covered acute purulent sinusitis. Elective Surgery does not apply to Cosmetic Surgery required to correct a covered Accident.]

[“Elective Treatment” shall mean surgery or medical treatment which is not necessitated by a pathological or traumatic change in the function or structure in any part of the body first occurring after the Insured’s effective date of coverage. Elective Treatment includes, but is not limited to, treatment for acne, nonmalignant warts and moles, weight reduction, infertility, learning disabilities. Elective Treatment also includes, but is not limited to, the following types of Surgery: circumcision, tubal ligation, vasectomy, breast reduction, sexual reassignment surgery, and submucous resection and/or other surgical correction for deviated nasal septum, other than for necessary treatment of covered acute purulent sinusitis. Elective Treatment does not apply to Cosmetic Surgery required to correct a covered Accident.]

[“Eligible Dependent Child” shall mean the [Primary] Insured Person’s unmarried children [over [14, 30 days] and] under 19 years of age [or under [21, 22, 23, 24, 25] years of age if they are attending an accredited institution of higher learning on a regular full-time basis and/or wholly dependent upon the Insured Person for maintenance and support]. [The Eligible Dependent Child must reside outside of the United States [or any of its territories] [and Canada] for at least [6 months] during any given Policy Period.] An Eligible Dependent Child includes a natural child, a legally adopted child, [a step-child or a child under the Insured Person’s legal guardianship]. [An Eligible Dependent Child includes a step-child or a child under the Insured Person’s legal guardianship, but only if such child depends on the Primary Insured Person’s support and maintenance and lives with the Primary Insured Person in a parent-child relationship.] The term Eligible Dependent Child does not include a foster child who is eligible for benefits provided by a governmental program or law, unless required by the law of the State.]

The age limits that apply to Eligible Dependent Child(ren) will not apply to any Insured Dependent Child of the Primary Insured Person who remains dependent on the Primary Insured Person for support and maintenance because he or she becomes incapable of working due to a physical handicap or retardation which occurs: before reaching the age limit[; and while insured under the policy or any Prior Plan, provided such Insured Dependent Child was insured on the date of termination of the prior plan].]

[“Eligible Spouse” shall mean the Primary Insured’s legal spouse. [The Eligible Spouse must reside outside of the United States [or any of its territories] [and Canada] for at least [6 months] during any given Policy Period.]]

[“Emergency” shall mean a medical condition manifesting itself by acute signs or symptoms which could reasonably result in placing the Insured Person’s life or limb in danger if medical attention is not provided within 24 hours.]

[“Experimental/Investigational” shall mean all services or supplies associated with: 1) treatment or diagnostic evaluation which is not generally and widely accepted in the practice of medicine in the United States of America or which does not have evidence of effectiveness documented in peer reviewed articles in medical journals published in the United States. For the treatment or diagnostic evaluation to be considered effective such articles should indicate that it is more effective than others available: or if less effective than other available treatments or diagnostic evaluations, is safer or less costly; 2) A drug which does not have FDA marketing approval; 3) A medical device which does not have FDA marketing approval; or has FDA approval under 21 CFR 807.81, but does not have evidence of effectiveness for the proposed use documented in peer reviewed articles in medical journals published in the United States. For the devise to be considered effective, such articles should indicate that it is more effective than other available devices for the proposed use; or if less effective than other available devices, or is safer or less costly. The company will make the final determination as to whether a service or supply is Experimental/Investigational.]

[“Family Member” shall mean a spouse, parent, sibling or child of the Insured Person.]

[“Home Country” shall mean the country where an Insured Person [has his or her true, fixed and permanent home and principal establishment] [holds a current and valid passport].]

[“Hospital” as used in the policy [shall mean except as may otherwise be provided, a Hospital (other than an institution for the aged, chronically ill or convalescent, resting or nursing homes) operated pursuant to law for the care and Treatment of sick or Injured persons with organized facilities for diagnosis and Surgery and having 24-hour nursing service and medical supervision.][means a place that 1.) is legally operated for the purpose of providing medical care and Treatment to sick or injured persons for which a charge is made that the Insured is legally obligated to pay in the absence of insurance 2.) provides such care and Treatment in medical, diagnostic, or surgical facilities on its premises, or those prearranged for its use; 3.) provides 24-hour nursing service under the supervision of a Registered Nurse at all times; and 4.) operates under the supervision of a staff of one or more Doctors. Hospital also means a place that is accredited as a hospital by the Joint Commission on Accreditation of Hospitals, American Osteopathic Association, or the Joint Commission on Accreditation of Heath Care Organizations (JCAHO).

Hospital does not mean:

-a convalescent, nursing, or rest home or facility, or a home for the aged;

-a place mainly providing custodial, educational, or rehabilitative care; or

-a facility mainly used for the Treatment of drug addicts or alcoholics.].

[“Host Country” shall mean any country other than the country where an Insured Person [has his or her true, fixed and permanent home and principal establishment] [holds a current and valid passport].]

“Illness” shall mean sickness or disease of any kind contracted and commencing while the policy is in force as to the Insured Person whose Illness is the basis of claim. Any complication or any condition arising out of an Illness for which the Insured Person is being treated or has received Treatment will be considered as part of the original Illness.]

[“Injury” [shall mean bodily Injury caused solely and directly by violent, Accidental, external, and visible means occurring while the policy is in force [and resulting directly and independently of all other causes in Disablement covered by the policy].] [shall mean accidental bodily injury or injuries

caused by an accident which occurs after the Effective Date of the policy. The Injury must be the direct cause of the loss, independent of disease, bodily infirmity or other causes.]

[“Inpatient” shall mean an Insured Person who is confined in an institution and is charged for room and board.]

[“Insured Dependent Child” shall mean the Insured’s Eligible Dependent Child[: (1) for whom premium has been paid; (2) whose enrollment form has been accepted by the Company; and (3)]while covered under the policy.]

[Insured Period of Coverage” shall mean the period of coverage issued by the Company to the Insured Person, typically beginning with the Effective Date and ending with the Termination Date.]

[“Insured Person(s)” shall mean a person who has applied for coverage and is named on the enrollment form and for whom the company has accepted premium. This may be the Primary Insured Person or Dependent(s).]

[“Insured Spouse” shall mean the Insured’s Eligible Spouse[: (1) for whom premium has been paid; (2) whose enrollment form has been accepted by the Company; and (3)]while covered under the policy.]

[“Intensive Care Unit” shall mean a cardiac care unit or other unit or area of a Hospital which meets the required standards of the Joint Commission on Accreditation of Hospitals for Special Care Units.]

[“Loss” in reference to quadriplegia, paraplegia, hemiplegia, and uniplegia, shall mean the complete and irreversible paralysis of such limbs and with regard to hands and feet, actual severance through and above the wrist or ankle joints, and with regard to eyes, entire irrecoverable Loss of sight and with regard to thumb and index finger, actual severance through or above the joint that meets the finger at the palm. Loss in reference to other coverages shall mean injury or damage sustained by the Insured in consequence of happening of one or more of the accidents against which the Company has undertaken to indemnify the Insured]

[“Maximum Benefit” means the largest total amount of Covered Expenses that the Company will pay for the Insured [as found on the ID card].]

[“Medically Necessary” or “Medical Necessity” shall mean services and supplies received [by the Insured Person] [while insured] that are determined by the Company to be: 1) appropriate and necessary for the symptoms, diagnosis, or direct care and Treatment of the Insured Person’s medical conditions; 2) within the standards the organized medical community deems good medical practice for the Insured Person’s condition; 3) not provided [solely for educational purposes] [or] primarily for the convenience of the Insured Person, the Insured Person’s Physician or another Service Provider or person; 4) not Experimental/Investigational or unproven, as recognized by the organized medical community, or which are used for any type of research program or protocol; and 5) not excessive in scope, duration, or intensity to provide safe and adequate, and appropriate Treatment. For Hospital stays, this means that acute care as an Inpatient is necessary due to the kinds of services the Insured Person is receiving or the severity of the Insured Person’s condition, in that safe and adequate care cannot be received as an Outpatient or in a less intensified medical setting. The fact that any particular Physician may prescribe, order, recommend, or approve a service, supply, or level of care does not, of itself, make such Treatment Medically Necessary or make the charge [of] a Covered Expense under the policy.]

[“Medicine” or “Medications” shall mean the drugs prescribed or dispensed to the Insured Person, by a licensed Physician, as a result of a Covered Expense. Medicine or Medication shall mean the generic equivalent of a drug, or if the generic equivalent is not available, the brand name drug.]

[“Mental Illness” shall mean any condition or disease listed in the most recent edition of the International Classification of Diseases as a mental disorder, which exhibits clinically significant behavioral or psychological disorder marked by a pronounced deviation from a normal healthy state and associated with a present painful symptom or impairment in one or more important areas of functioning. This disease must not be merely an expectable response to a particular stimulus. Mental Illness does not mean learning disabilities, attitudinal disorders or disciplinary problems.]

[“Nurse” shall mean a person who has been registered or licensed to practice by the State Board of Nurse Examiners or other state authority in the state where he or she works, and who is practicing within the scope and limitation of that license. The term Nurse will not include the Insured Person or his/her spouse, children, brothers, sisters, or parents, or any person residing in his/her household.]

[“Occurrence” shall mean all Illnesses that exist simultaneously and which are due to the same or related causes are considered to be one Occurrence. Further, if an Illness is due to causes which are the same as or related to the causes of a prior Illness, the Illness will be deemed to be a continuation of the prior Illness and not a separate Occurrence. All Injuries due to the same Accident shall be deemed to be one Occurrence.]

[“Outpatient” shall mean an Insured Person who receives care in a Hospital or another institution, including; ambulatory surgical center; convalescent/skilled nursing facility; or Physician’s office, for an Illness or Injury, but who is confined and is not charged for room and board.]

[“Participating Organization” shall mean the organization identified in your Schedule.]

[“Permanent Residence” shall mean the country where an Insured Person [has his or her true, fixed and permanent home and principal establishment, and to which he or she has the intention of returning] [holds a current and valid passport].]

[“Physician” as used in the policy shall mean a doctor of medicine or a doctor of osteopathy licensed to render medical services or perform Surgery in accordance with the laws of the jurisdiction where such professional services are performed, however, such definition will exclude chiropractors and physiotherapists.]

[“Policyholder” means the Policyholder shown on the Schedule.]

[“Pre-existing Condition” for the purposes of the policy shall mean [1) a condition that would have caused a person to seek medical advice, diagnosis, care or Treatment [during the] [0, 30, 60, 90, 180 days] [12, 24, 36, 60 months] [anytime] prior to the Effective Date of coverage under the policy]; [2) a condition for which medical advice, diagnosis, care or Treatment was recommended or received during the [0, 30, 60, 90, 180 days] [12, 24, 36, 60 months] [anytime] prior to the Effective Date of coverage under the policy]; [Note: The policy does pay benefits to a maximum of [$1,000] for loss due to a pre-existing Sickness.] [For Insured Persons traveling outside [the United States and Canada], the period is [12] [months] instead of [36] [months]].

[“Pregnancy” shall mean the physical condition of being pregnant, including Complications of Pregnancy.]

[“Primary Insured Person” shall mean the person on the enrollment form, who is listed as the Primary Insured, and who may have Dependents who are Insured Persons.]

[“Prior Plan” shall mean the coverage provided on a group or individual basis by an insurance policy benefit plan or service plan that was terminated on the day before Your Effective

Date of coverage under that policy and replaced by the policy.]

["Reasonable and Customary" shall mean the maximum amount that the Company determines is Reasonable and Customary for Covered Expenses the Insured Person receives, up to but not to exceed charges actually billed. The Company's determination considers: 1) amounts charged by other Service Providers for the same or similar service in the locality were received, considering the nature and severity of the bodily Injury or Illness in connection with which such services and supplies are received; 2) any usual medical circumstances requiring additional time, skill or experience; and 3) other factors the Company determines are relevant, including but not limited to, a resource based relative value scale.

For a Service Provider who has a reimbursement agreement, the Reasonable and Customary charge is equal to the amount that constitutes payment in full under any reimbursement agreement with the Company.

If a Service Provider accepts as full payment an amount less than the negotiated rate under a reimbursement agreement, the lesser amount will be the maximum Reasonable and Customary charge.

The Reasonable and Customary charge is reduced by any penalties for which a Service Provider is responsible as a result of its agreement with the Company.]

["Registered Nurse" shall mean a graduate nurse who has been registered or licensed to practice by a State Board of Nurse Examiners or other jurisdictional authority, and who is legally entitled to place the letters "R.N." after his or her name.]

["Relative" shall mean spouse, parent, sibling, Child, grandparent, grandchild, step-parent, step-child, step-sibling, in-laws (parent, son, daughter, brother and sister), aunt, uncle, niece, nephew, legal guardian, ward, or cousin of the Insured Person.]

["Return of Mortal Remains" shall mean the transport of bodily remains or ashes of an Insured Person to their Home Country.]

["Screening Mammogram" shall mean a low dose x-ray used to visualize the internal structure of the breast.]

["Service Provider" shall mean a Hospital, convalescent/skilled nursing facility, ambulatory surgical center, psychiatric Hospital, community mental health center, residential treatment facility, psychiatric treatment facility, alcohol or drug dependency treatment center, birthing center, Physician, Dentist, chiropractor, licensed medical practitioner, nurse, medical laboratory, assistance service company, air/ground ambulance firm, or any other such facility that the Company approves.]

["Spinal Manipulation" shall mean outpatient treatment in connection with the detection or correction by manual or mechanical means of structural imbalance, distortion or subluxation in the human body for purposes of removing nerve interference as a result of or related to distortion, misalignment or subluxation of or in the vertebral column.]

"Surgery" or "Surgical Procedure" shall mean an invasive diagnostic procedure; or the Treatment of Illness or Injury by manual or instrumental operations performed by a Physician while the patient is under general or local anesthesia.]

["Terrorist Attack" means an incident deemed a terrorist act by the U.S. State Department involving premeditated, politically motivated violence by persons not acting on behalf of a sovereign state, or clandestine state agents. Acts of war are excluded.]

["Traveling Companion" shall mean spouse, parent, sibling, child, grandparent, grandchild, step-parent, step-child, step-sibling, in-laws (parent son, daughter, brother, or sister), aunt, uncle, niece, nephew, legal guardian, ward, or business partner of the Insured Person.]

["Treatment" shall mean [a specific in-office or Hospital physical examination of, or care rendered to, the Insured Person.] [consultation, diagnostic procedures and services, Surgery, medical services and supplies including medication prescribed or provided by a Service Provider.]

SECTION II – BENEFIT PROVISIONS

SCOPE OF COVERAGE

Benefits are payable under this Policy for Losses and Covered Expenses incurred by an Insured Person for the items stated in the Schedule of Benefits, subject to the following limitations and conditions:

1. Benefits shall be payable to either the Insured Person or the Service Provider for Losses and Covered Expenses incurred [100 to 500 miles from the Insured Person's Permanent Residence] [worldwide] [outside the Insured Person's Home Country] [except for Home Country coverage as stated in the Schedule of Benefits, Home Country Coverage].
2. [Coverage is available] [24 hours per day] [for business and/or leisure] [while traveling for business purposes] [while traveling for leisure purposes] [while traveling to, from and while at the Insured Person's destination].

[3.] [For all Hospital admissions worldwide, or for any Outpatient Surgery or Covered Expenses [which will exceed [$250, $500, $1,000, $2,500, $5,000]] [in the United States] [worldwide], the Insured Person must utilize the Company's Utilization Management (U.M.) Program. See the Section entitled Utilization Management, for further direction. [Failure to utilize the U.M. Program will result in a [25%, 50%, 75%, 100%] reduction of Covered Expenses.]]

[4.] [The Insured Person must remain continuously insured under the Policy for the duration of the Treatment.]

[5.] [The charges enumerated herein shall in no event include any amount of such charges which are in excess of Reasonable Charges. If the charge incurred is in excess of such average charge such excess amount shall not be recognized as a Covered Expense.]

[6.] [All charges shall be deemed to be incurred on the date such services or supplies, which give rise to the expense or charge, are rendered or obtained.]

[ACCIDENTAL DEATH AND DISMEMBERMENT

Accidental Death and Dismemberment Insurance is afforded to an Insured Person which shall apply only to Injury, as defined in Section III, Definitions, sustained by such Insured Person during the course of coverage. Such Insurance includes such Injury which:

[A] occurs during the course of time the Insured Person is covered under the Policy;] and

[B] is sustained during such trip while the Insured Person is riding as a passenger (but not as a pilot, operator or member of the crew) in or on, boarding or alighting from:
   1) any civilian aircraft having a current and valid Airworthiness Certificate, and piloted by a person who then holds a valid and current certificate of

competency of a rating authorizing him to pilot such aircraft, or

2) any transport type aircraft operated by the Military Airlift Command (MAC) of the United States, or by the similar air transport service of any duly constituted governmental authority of any other recognized country;

provided that this Insurance shall not apply while such Insured Person is riding in any civilian or military aircraft other than as expressly described above, unless previously consented to in writing by the Company.]

The Company shall pay an indemnity determined from the Schedule of Benefits, Accidental Death and Dismemberment, Table of Losses, if an Insured Person sustains a Loss stated therein resulting from Injury, provided that:

1) such Loss occurs within [60, 90, 180, 365] days after the date of Accident causing such Loss; and
2) the indemnity payable for any such Loss shall be the Principal Sum stated in the Schedule of Benefits, Accidental Death and Dismemberment, Principal Sum, as applicable to such Insured Person and this Insurance; and
3) if more than one Loss stated in said Table is sustained as the result of one Accident, only one of the amounts so stated in said Table, the largest, shall be payable.

Exposure

If by reason of an Accident covered by the Policy an Insured Person is unavoidably exposed to the elements and as a result of such exposure suffers a Loss for which the Principal Sum is otherwise payable hereunder such Loss will be covered under the terms of this Policy.

Disappearance

If the body of an Insured Person has not been found within one year of the disappearance, forced landing, stranding, sinking, or wrecking of a conveyance in which such Insured Person was an occupant, then it shall be deemed, subject to all other terms and provisions of the Policy, that such Insured Person shall have suffered Loss of life within the meaning of the Policy.

Beneficiary Designation and Change

The beneficiary or beneficiaries of an Insured Person shall be that person or those persons designated by the Insured Person and filed with the Company. Any Insured Person who has not made an irrevocable designation of beneficiary may designate a new beneficiary at any time, without the consent of the beneficiary, by filing with the Company a written request for such change but such change shall become effective only upon receipt of such request at the office of the Company. When such request is received by the Company, whether the Insured Person be then living or not, the change of beneficiary shall relate back to and take effect as of the date of execution of the written request, but without prejudice to the Company on account of any payment theretofore made by it.]

[ACCIDENT MEDICAL EXPENSES

The Company will pay Covered Expenses due to Accident only, as per the limits stated in the Schedule of Benefits, Accident Medical. Coverage is limited to Covered Expenses incurred subject to Section III, Exclusions. All bodily Injuries sustained in any one Accident shall be considered one Disablement; all bodily disorders existing simultaneously which are due to the same or related causes shall be considered one Disablement. If a Disablement is due to causes which are the same or related to the cause of a prior Disablement (including complications arising there from), the Disablement shall be considered a continuation of the prior Disablement and not a separate Disablement.

[Treatment of an Injury must occur within [30, 60, 90, 180, or 365] days of the Accident.]

[Medical expenses incurred for Treatment of Injuries sustained as a result of a covered motor vehicle accident are payable up to [$10,000]].

[Medical expenses incurred for Treatment of sports related Injuries are payable up to [$5,000]].

When Covered Expenses are incurred by the Insured Person as a result of an Injury, the Company will pay Reasonable Charges for medical expenses in excess of the Deductible and Coinsurance as stated in section II, Schedule of Benefits, Accident Medical. In no event shall the Company's maximum liability exceed the maximum stated in the Schedule of Benefits, Accident Medical, as to Covered Expenses during any one period of individual coverage.

The Deductible and Coinsurance amount consists of Covered Expenses which would otherwise be payable under this Policy. These expenses must be borne by the Insured Person.

Covered Accident Medical Expenses

For the purposes of this section, only such Medically Necessary expenses, incurred as the result of a Disablement, which are specifically enumerated in the following list of charges, and which are not excluded in Section III, Exclusions, shall be considered as Covered Expenses:

[1] Charges made by a Hospital for [semi-private] room and board, [to a maximum of [$800] per day], floor nursing [while confined in a ward or semi-private room of a Hospital] and other [Hospital] services inclusive of charges for professional service and with the exception of personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semiprivate room and board accommodation.]

[2] Charges made for Intensive Care or coronary care charges and nursing services [to a maximum of [$800] per day]].

[3] Charges made for diagnosis, Treatment and Surgery by a Physician.]

[4] Charges made for an operating room.]

[5] Charges made for Outpatient Treatment, same as any other Treatment covered on an Inpatient basis. This includes Ambulatory Surgical Centers, Physicians' Outpatient visits/examinations, clinic care, and Surgical opinion consultations.]

[6] Charges made for skilled nursing home services and supplies furnished by the facility during the first 30 days of convalescent confinement. [Admittance to a nursing home must follow hospital confinement.] [Admittance to a nursing home must follow Hospital confinement by a period of no more than three days.] Only charges incurred in connection with convalescence from the Injury for which the Insured Person is confined will be eligible for benefits. These expenses include:

[(a) room and board, paid at the nursing home's [private, semi-private] room rate, including any charges such as general nursing, made by the facility as a condition of occupancy, or on a regular daily or weekly basis.]

[(b) medical services customarily provided by the convalescent facility, including private duty or special nursing services and Physician's fees]; [and]

[(c) drugs, solutions, dressings and casts, furnished for use during the convalescent period, but no other supplies.]]

7) Charges made for the cost and administration of anesthetics.]

[8) Charges for Medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood, transfusions, iron lungs, and medical Treatment.] [Outpatient x-ray services and laboratory tests are limited to [$1,000] each.]

[9) Charges for physiotherapy, [to a maximum of [$500] [per day] for Inpatient] [to a maximum of [$500] [per day] for Outpatient] if recommended by a Physician for the Treatment of a specific Disablement [or following hospitalization] and administered by a licensed physiotherapist.]

[10) Charges made for hospice charges as follows:

a) nursing care by a Registered Nurse; or a licensed practical nurse, a vocational nurse, or a public health nurse who is under the direct supervision of a Registered Nurse;

b) physical therapy [and speech therapy] when rendered by a licensed therapist;

c) medical supplies, including drugs and the use of medical appliances;

d) physician's services; and

e) services, supplies, and Treatments deemed Medically Necessary and ordered by a licensed Physician.]

[11) Hotel room charge, when the Insured Person, otherwise necessarily confined in a Hospital, shall be under the care of a duly qualified Physician in a hotel room owing to unavailability of a Hospital room by reason of capacity or distance or to any other circumstances beyond control of the Insured Person.]

[12) Dressings, drugs, and Medicines that can only be obtained upon a written prescription of a Physician or Surgeon.]

[13) Charges made for artificial limbs, eyes, larynx, and orthotic appliances, but not for replacement of such items.]

[14) Local transportation to or from the nearest Hospital or to and from the nearest Hospital with facilities for required Treatment. Such transportation shall be by licensed ground ambulance only [to a limit of [$2,500]], within the metropolitan area in which the Insured Person is located at that time the service is used. If the Insured Person is in a rural area, then [qualified] [licensed] ground ambulance transportation to the nearest metropolitan area shall be considered a Covered Expense.]

Accident Medical Benefit Period

Only those expenses specifically described above which are incurred within the Benefit Period stated in the Schedule of Benefits, Accident Medical, from the onset of an Injury and which are not excluded in Section III, Exclusions, are considered Covered Expenses. Initial Treatment of an Injury must occur within [30, 60, 90, 180, or 365] days of the Accident.

[Accident Medical Home Country Benefit Period

Only those expenses specifically described above which are incurred within the Insured Person's Home Country for an Injury which occurred inside the Insured Person's Home Country as stated in the Schedule of Benefits, Accident Medical, Home Country Benefit, per 12 months of coverage, or pro rata thereof. Covered Expenses described in [1 through 14] above which are incurred in the Insured Person's Home Country are limited to the maximum stated in the Schedule of Benefits, Accident Medical, Home Country Benefit.]]

[Extension of Benefits

Those Covered Expenses that are incurred inside the Insured Person's Home Country related to an Injury which occurred outside the Insured Person's Home Country and during the Period of Coverage shall be paid. Covered Expenses described in (1 through 14) above which are incurred in the Insured Person's Home Country are limited to the maximum stated in the Schedule of Benefits, Accident Medical, Extension of Benefits.]

[ILLNESS MEDICAL EXPENSES

The Company will pay Covered Expenses due to Illness only,, as per the limits stated in the Schedule of Benefits, Illness Medical. Coverage is limited to Covered Expenses incurred subject to Section III, Exclusions. All bodily disorders existing simultaneously which are due to the same or related causes shall be considered one Disablement. If a Disablement is due to causes which are the same or related to the cause of a prior Disablement (including complications arising there from), the Disablement shall be considered a continuation of the prior Disablement and not a separate Disablement.

[Treatment of an Illness must occur within [30, 60, 90, 180, or 365] days of the onset of the Illness.] [Illness must manifest itself during the Period of Coverage.]

When a covered Illness is incurred by the Insured Person the Company will pay Reasonable Charges for medical expenses in excess of the Deductible and Coinsurance as stated in the Schedule of Benefits, Illness Medical. In no event shall the Company's maximum liability exceed the maximum stated in the Schedule of Benefits, Illness Medical, as to Covered Expenses during any one period of individual coverage.

The Deductible and Coinsurance amount consists of Covered Expenses which would otherwise be payable under this Policy. These expenses must be borne by the Insured Person.

Covered Illness Medical Expenses

For the purpose of this section, only such Medically Necessary expenses, incurred as the result of a Disablement, which are specifically enumerated in the following list of charges, and which are not excluded in Section III, Exclusions, shall be considered as Covered Expenses:

[(1). Charges made by a Hospital for [semi-private] room and board, [to a maximum of [$800] per day], floor nursing [while confined in a ward or semi-private room of a Hospital] and other [Hospital] services inclusive of charges for professional service and with the exception of

personal services of a non-medical nature; provided, however, that expenses do not exceed the Hospital's average charge for semiprivate room and board accommodation.]

[2]. Charges made for Intensive Care or coronary care charges and nursing services [to a maximum of [$800] per day.]

[3]. Charges made for diagnosis, Treatment and Surgery by a Physician.]

[4]. Charges made for an operating room.]

[5]. Charges made for Outpatient Treatment, same as any other Treatment covered on an Inpatient basis. This includes Ambulatory Surgical Centers, Physicians' Outpatient visits/examinations, clinic care, and Surgical opinion consultations.]

[6]. Charges made for skilled nursing home services and supplies furnished by the facility during the first 30 days of convalescent confinement. [Admittance to a nursing home must follow hospital confinement.] [Admittance to a nursing home must follow hospital confinement by a period of no more than three days.]

[a] room and board, paid at the nursing home's [private, semi-private] room rate, including any charges such as general nursing, made by the facility as a condition of occupancy, or on a regular daily or weekly basis.]

[b] medical services customarily provided by the convalescent facility, including private duty or special nursing services and Physician's fees]; [and]

[c] drugs, solutions, dressings and casts, furnished for use during the convalescent period, but no other supplies.]]

[7]. Charges made for:

a) a Baseline Mammogram for women.

b) an annual Screening Mammogram for women.]

[8]. Charges made for an annual cervical Cytologic Screening for women upon certification by an attending Physician that the test is Medically Necessary.]

[9]. Charges made for the cost and administration of anesthetics.]

[10]. Charges for Medication, x-ray services, laboratory tests and services, the use of radium and radioactive isotopes, oxygen, blood, transfusions, iron lungs, and medical Treatment.] [Outpatient x-ray services and laboratory tests are limited to [$1,000] each.]

[11]. Charges for physiotherapy, if recommended by a Physician for the Treatment of a specific Disablement and administered by a licensed physiotherapist.]

[12]. Charges made for hospice charges as follows:

a) nursing care by a Registered Nurse; or a licensed practical nurse, a vocational nurse, or a public health nurse who is under the direct supervision of a Registered Nurse;

b) physical therapy [and speech therapy] when rendered by a licensed therapist;

c) medical supplies, including drugs and the use of medical appliances;

d) physician's services; and

e) services, supplies, and Treatments deemed Medically Necessary and ordered by a licensed Physician.]

[13]. Hotel room charge, when the Insured Person, otherwise necessarily confined in a Hospital, shall be under the care of a duly qualified Physician in a hotel room owing to unavailability of a Hospital room by reason of capacity or distance or to any other circumstances beyond control of the Insured Person.]

[14]. Dressings, drugs, and Medicines that can only be obtained upon a written prescription of a Physician or Surgeon.]

[15]. Charges made for artificial limbs, eyes, larynx, and orthotic appliances, but not for replacement of such items.]

[16]. Local transportation to or from the nearest Hospital or to and from the nearest Hospital with facilities for required Treatment. Such transportation shall be by licensed ground ambulance only, [to a limit of [$2,500]] within the metropolitan area in which the Insured Person is located at that time the service is used. If the Insured Person is in a rural area, then [qualified] [licensed] ground ambulance transportation to the nearest metropolitan area shall be considered a Covered Expense.]

[17]. Oral contraceptives, if prescribed by a licensed Physician.]

[18]. Annual routine physical exam expenses are payable [subject to the above Deductible][up to an annual aggregate limit of [$300]]. A routine physical exam is a medical exam or gynecological exam given by a Physician for a reason other than to diagnose or treat a suspected or identified Injury or Illness. [Included are expenses for X-rays, laboratory and other tests given in conjunction with the annual physical.]]

Illness Medical Benefit Period

Only those expenses specifically described above which are incurred within the Benefit Period stated in the Schedule of Benefits, Illness Medical, from the onset of the Illness and which are not excluded in Section III, Exclusions, are considered Covered Expenses. Initial Treatment of an Illness must occur within [30, 60, 90, 180, or 365] days of the onset of the Illness. [Illness must first manifest itself during the Period of Coverage.]

[Illness Medical Home Country Benefit Period

Only those expenses specifically described above which are incurred within the Insured Person's Home Country for an Illness which commenced [inside] [or outside] the Insured Person's Home Country as stated in section II, Schedule of Benefits, Illness Medical, Home Country Benefit, per 12 months of coverage, or pro rata thereof. Covered Expenses described in (1 through 14) above which are incurred in the Insured Person's Home Country are limited to the maximum stated in the Schedule of Benefits, Illness Medical, Home Country Benefit.]

[Extension of Benefits

Those Covered Expenses that are incurred inside the Insured Person's Home Country related to an Illness which commenced outside the Insured Person's Home Country and during the Period of Coverage shall be paid. Covered Expenses described in (1 through 14) above which are incurred in the Insured Person's Home Country are limited to the maximum stated in the Schedule of Benefits, Illness Medical, Extension of Benefits.]

[Well-Child Care

This benefit applies to Class III Insured Persons. The benefit includes coverage for Illness or Injury, including the necessary care and Treatment of medically diagnosed congenital defects, birth abnormalities, and prematurity. In addition, it includes coverage for preventive and primary care services, including physical examinations, measurements, sensory screening, neuropsychiatric evaluation, and development screening, which coverage shall include unlimited visits for

Insured Dependent Children up to the age of 12 years and three visits per year for Insured Dependent Children ages 12 years up to 18 years of age. Preventive and primary care services shall also include, as recommended by the Physician, hereditary and metabolic screening at birth, immunizations, urinalysis, tuberculin tests, and hematocrit, hemoglobin, and other appropriate blood tests, including tests to screen for sickle hemoglobinopathy.]

[Wellness Benefit

The Company will pay expenses, as per the limits stated in the Schedule of Benefits, Illness Medical. Coverage is limited to the following expenses incurred subject to Section III, Exclusions. [This benefit is not subject to Deductible or Coinsurance.] In no event shall the Company's maximum liability exceed the maximum stated in the Schedule of Benefits, Illness Medical, as to expenses during any one period of individual coverage. Covered wellness expenses include:

1. Routine physical examinations:
   a. Females must be over the age of [30] and have been continuously covered under the Policy for [12, 24, 36] consecutive months prior to receiving Treatment.
   b. Males must be over the age of [30] and have been continuously covered under the Policy for [12, 24, 36] consecutive months prior to receiving Treatment.
2. Preventive medical attention:
   a. Females must be over the age of [30] and have been continuously covered under the Policy for [12, 24, 36] consecutive months prior to receiving Treatment.
   b. Males must be over the age of [30] and have been continuously covered under the Policy for [12, 24, 36] consecutive months prior to receiving Treatment.]]

[IN-HOSPITAL INDEMNITY

The Company will pay Covered Expenses, as per the limits stated in the Schedule of Benefits, In-Hospital Indemnity, if the Insured Person is confined to a Hospital as a registered Inpatient as the result of an Illness or Injury which first occurs during the Insured Person's Policy Period [and the Illness or Injury is not covered under the Policy per the Exclusions listed in Section III, Exclusions]. [Coverage is limited to benefits of [$100.00] per day of confinement] [to a maximum of [30 (thirty days]].

[UNEXPECTED RECURRENCE

When an Injury or Illness of the Insured Person is not covered under the Policy due to any of the following:

[1) the condition caused the Insured Person to seek medical advice, diagnosis, care or Treatment [during the] [0, 30, 60, 90, 180 days] [12, 24, 36, 60 months] [anytime] prior to the Effective Date of coverage under this Policy;
2) medical advice, diagnosis, care or Treatment was recommended or received for the condition during the [0, 30, 60, 90, 180 days] [12, 24, 36, 60 months] [anytime] prior to the Effective Date of coverage under this Policy; or 3) expenses for a Pregnancy [existing before or after] [within 9, 10, or 12 months of] the Effective Date of coverage under this Policy.

[Pre-Existing Conditions that were disclosed on the enrollment form and accepted by the Company shall be considered covered. Exclusionary Riders may be issued by the Company for certain Pre-Existing Conditions.]

[Pre-Existing Conditions, except as specified below:

a) If the Insured Person does not receive medical care or services, including prescription drugs or other medical supplies, and is not under the care of a Physician with respect to the Pre-Existing Condition or related condition(s), for a period of [3, 6, 9, 12, 18] consecutive months beginning on or after the first day of coverage, the Pre-Existing condition exclusion will no longer apply and any eligible charges incurred after the Treatment free period will be considered for reimbursement; or
b) If the Injured Person is covered under the Policy for [6, 9, 12, 18] consecutive months, the Pre-Existing Condition exclusion will no longer apply and any eligible expenses incurred thereafter will be considered for reimbursement.]

the Company will pay Reasonable Charges for medical expenses in excess of the Deductible and Coinsurance as stated in the Schedule of Benefits, Unexpected Recurrence. In no event shall the Company's maximum liability exceed the maximum stated the Schedule of Benefits Unexpected Recurrence, as to Covered Expenses during any one period of individual coverage.]

[MATERNITY

When covered maternity expenses are incurred by [a Class I or II] Insured Person the Company will pay Reasonable Charges for medical expenses in excess of the Deductible and Coinsurance as stated in the Schedule of Benefits, Maternity. In no event shall the Company's maximum liability exceed the maximum stated in Section II, Schedule of Benefits Maternity, as to Covered Expenses during any one period of individual coverage.

[The Insured Person or their representative must notify the Company of a Pregnancy within the first trimester. Failure to notify the Company will result in a [50%, 75%, 100%] reduction of maternity benefits.]

Benefits will be payable for Covered Expenses, as stated in the Schedule of Benefits, Maternity, an Insured Person incurs before, during, and after delivery of a child, including Physician, Hospital, laboratory, and ultrasound services. Coverage for the Inpatient postpartum stay for the Insured Person and her newborn child in a Hospital, will, at a minimum, be for the length of stay recommended by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists in their guidelines for Perinatal Care.

Coverage for a length of stay shorter than the minimum period mentioned above may be permitted if the Insured Person's attending Physician determines further Inpatient postpartum care in not necessary for the Insured Person or her newborn child provided the following are met:

1. In the opinion of the Insured Person's attending Physician, the newborn child meets the criteria for medical stability in the guidelines for Perinatal Care prepared by the Academy of Pediatrics and the American College of Obstetricians and Gynecologists that determine the appropriate length of stay based upon the evaluation of:
   a. The antepartum, intrapartum, postpartum course of the mother and infant;

b. The gestational stage, birth weight, and clinical condition of the infant;
c. The demonstrated ability of the mother to care for the infant after discharge; and
d. The availability of post discharge follow up to verify the condition of the infant after discharge; and

2. One (1) at-home post delivery care visit is provided to the Insured Person at her residence by a Physician or nurse performed no later than forty-eight 948) hours following discharge of the Insured Person and her newborn child from the Hospital. Coverage for this visit includes, but is not limited to:
   a. Parent education;
   b. Assistance and training in breast or bottle feeding; and
   c. Performance of any maternal or neonatal tests routinely performed during the usual course of Inpatient care for the Insured Person or newborn child, including the collection of an adequate sample for the hereditary and metabolic newborn screening. (At the Insured Person's discretion, this visit may occur at the Physician's office.)]

[MENTAL ILLNESS [– ALCOHOL] [AND] [DRUG] ABUSE]

When covered [Mental Illness] [or] [Alcohol] [or] [Drug] Abuse] expenses are incurred by the Insured Person the Company will pay Reasonable Charges for expenses in excess of the Deductible and Coinsurance as stated in the Schedule of Benefits, Mental Illness [– Alcohol] [and] [Drug] Abuse]. In no event shall the Company's maximum liability exceed the maximum stated in the Schedule of Benefits, Mental Illness [– Alcohol] [and] [Drug] Abuse], as to Covered Expenses during any one period of individual coverage.

[Mental Illness

For the purpose of this section, only such expenses, incurred as the result of Treatment or Medication for Mental Illness, which are specifically enumerated in the following list of charges, and which are not excluded in Section III, Exclusions, shall be considered as Covered Expenses:

[1. Inpatient Care:
   a. Charges made by a Hospital or mental institution for room and board, floor nursing and other services inclusive of charges for professional service and with the exception of personal services of a non-medical nature, provided, however, that expenses do not exceed the Hospital's or mental institution's average charge for semiprivate room and board accommodation.
   b. Charges made for diagnosis and Treatment by a Physician.
   c. Charges made for the cost and administration of anesthetics.
   d. Charges for Medication, x-ray services, laboratory tests and services, oxygen, and medical Treatment.
   e. Drugs, and Medicines that can only be obtained upon a written prescription of a Physician.]

[2. Outpatient care:
   a. Charges made for diagnosis and Treatment by a Physician.
   b. Charges made for the cost and administration of anesthetics.
   c. Charges made for the cost and administration of anesthetics.
   d. Charges for Medication, x-ray services, laboratory tests and services, oxygen, and medical Treatment.
   e. Drugs, and Medicines that can only be obtained upon a written prescription of a Physician.]]

Only those expenses specifically described above which are incurred within the Limits stated in the Schedule of Benefits, Mental Illness [– Alcohol] [and] [Drug] Abuse], from the onset of the Mental Illness and which are not excluded in Section III, Exclusions, are considered Covered Expenses. Mental Illness must first manifest itself during the Period of Coverage.

[Alcohol] [and] [Drug] Abuse]

For the purpose of this section, only such expenses, incurred as the result of [Alcohol] [and] [Drug] Abuse] Treatment or Medication, which are specifically enumerated in the following list of charges, and which are not excluded in Section III, Exclusions, shall be considered as Covered Expenses:

1. The process whereby a person who is intoxicated by or dependent on drugs or alcohol or both is assisted through the period of time necessary to eliminate the intoxicating agent from the body, while keeping the physiological risk to the patient at a minimum, shall be considered a covered benefit. Treatment shall be covered for 12 days annually.
2. Additional Treatment as a covered benefit shall be provided by a Hospital, a non-Hospital residential facility, an Outpatient Treatment facility, a physician, a psychologist, or a social worker, and shall include Inpatient services, Outpatient services, or any combination of these, certified as medically or psychologically necessary by a physician, psychologist, or social worker. Treatment shall be covered for 28 days per year for Inpatient or residential care in a hospital or non-hospital residential facility, and for 30 Outpatient visits per year.]]

[The Company shall not be liable for more than one such Inpatient or Outpatient Occurrence per Lifetime under this Policy, with respect to one Insured Person.]]]

[DENTAL

When covered dental expenses are incurred by the Insured Person the Company will pay Reasonable Charges for expenses in excess of the Deductible and Coinsurance as stated in the Schedule of Benefits, Dental. In no event shall the Company's maximum liability exceed the maximum stated in the Schedule of Benefits, Dental, as to Covered Expenses during any one period of individual coverage.

For the purpose of this section, only such expenses, incurred as the result of an eligible Dental condition, in which services or Medications are prescribed, performed, or ordered by a Dentist and enumerated below, and which are not excluded in Section III, Exclusions, shall be considered as Covered Expenses.

[1. With respect to Accidental Dental, an eligible dental condition shall mean emergency dental repair or replacement to sound, natural teeth damaged as a result of a covered Accident.]
[2. With respect to Palliative Dental, an eligible dental condition shall mean emergency pain relief Treatment to natural teeth.]
[3. With respect to General Dental, an eligible Dental condition shall mean diagnostic, preventive, basic and major dental services to natural teeth as provided below:
   A. Diagnostic and preventative care shall be:
      a. Dental examinations.
      b. Dental cleanings (1 per 6 months).

B. Basic Dental:
   a. Topical fluoride for Class III Insured Persons to age 18, (1 per 12 months).
   b. X-rays (bite wing 1 per 6 months, full mouth, 1 per 24 months).
   c. Oral Surgery for simple extractions.
   d. Palliative Treatment for dental pain.
   e. Simple restorative services (fillings).
   f. Lab procedures.
   g. Local anesthesia
C. Major Dental:
   a. Root canal.
   b. Endodontics.
   c. Periodontics.
   d. Major restorative services (crowns and inlays).
   e. Prosthetics (bridges and dentures).
   f. Space maintainers.
   g. Oral Surgery for impactions or tooth replacement (includes diagnostic x-ray, lab and general anesthesia services).
   h. Congenital malformations (for newborn and newly adoptive Insured Dependent Children only)]]

[SPINAL MANIPULATION

When covered Spinal Manipulation expenses are incurred by the Insured Person the Company will pay Reasonable Charges for expenses in excess of the Deductible as stated in the Schedule of Benefits, Spinal Manipulation. In no event shall the Company's maximum liability exceed the maximum stated in the Schedule of Benefits, Spinal Manipulation, as to Covered Expenses during any one period of individual coverage.

For the purpose of this section, only such expenses, incurred by the Insured Person, which are prescribed, performed, or ordered by a licensed chiropractor for the relief of pain, and which are not excluded in Section III, Exclusions, shall be considered as Covered Expenses.]

[EMERGENCY MEDICAL EVACUATION/REPATRIATION

The Company shall pay benefits for Covered Expenses incurred up to the maximum stated in Section II Schedule of Benefits, Emergency Medical Evacuation/Repatriation, if any covered Injury or Illness commencing during the Period of Coverage results in the Medically Necessary Emergency Medical Evacuation or Repatriation of the Insured Person. The decision for an Emergency Medical Evacuation or Repatriation must be ordered by the Assistance Provider in consultation with the Insured Person's local attending Physician.

Emergency Medical Evacuation or Repatriation means: a) the Insured Person's medical condition warrants immediate transportation from the place where the Insured Person is located (due to inadequate medial facilities) to the nearest adequate medical facility where medical Treatment can be obtained; or b) after being treated at a local medical facility [as a result of a Medical Evacuation], the Insured Person's medical condition warrants transportation with a qualified medical attendant to his/her Home Country to obtain further medical Treatment or to recover; or c) both a) and b) above.

Covered Expenses are expenses, up to the maximum stated in Section II Schedule of Benefits, Emergency Medical Evacuation/Repatriation, for transportation, medical services and medical supplies necessarily incurred in connection with Emergency Medical Evacuation or Repatriation of the Insured Person. All transportation arrangements must be by the most direct and economical route.

Expenses for special transportation and medical supplies and services must be: a) pre-approved and ordered by the Assistance Provider representative and b) required by the standard regulations of the conveyance transportation the Insured Person. Transportation means any land, water or air conveyance required to transport the Insured Person. Special transportation includes, but is not limited to, licensed ground and air ambulances, commercial airlines, and private motor vehicles.

All transportation in connection with an Emergency Medical Evacuation or Repatriation must be pre-approved and arranged by the Assistance Provider .]

[RETURN OF MORTAL REMAINS [OR CREMATION]

The Company will pay the reasonable Covered Expenses incurred up to the maximum as stated in Section II Schedule of Benefits, Return of Mortal Remains [or Cremation], to return the Insured Person's remains to his/her then current Home Country, if he or she dies.

Covered Expenses include, but are not limited to, expenses for embalming, [or Cremation], a minimally necessary container appropriate for transportation, shipping costs, and the necessary government authorizations.

All Covered Expenses in connection with a Return of Mortal Remains [or Cremation] must be pre-approved and arranged by the Assistance Provider.]

[RETURN OF [MINOR CHILD(REN)] [OR] [TRAVELING COMPANION] [OR] [ELDERLY TRAVELER]

Should the Insured Person be traveling alone with a [minor child(ren)] [Traveling Companion] [Elderly Traveler] and is hospitalized because of a covered Illness or Injury and the [minor child(ren)] [Traveling Companion] [Elderly Traveler] are left unattended, the Company will arrange and pay for one way economy fares to return the [minor child(ren)] [Traveling Companion] [Elderly Companion] to their current Home Country. These arrangements will be made at no cost to the Insured Person. Meals and lodging are the responsibility of the Insured Person. If an attendant/escort is necessary to ensure the safety and welfare of [minor child(ren)] [Traveling Companion] [Elderly Traveler], the Company will arrange and pay for these services as stated in Section II Schedule of Benefits, Return of [Minor Child(ren)] [Traveling Companion] [Elderly Traveler].

All transportation in connection with a return of [minor child(ren)] [Traveling Companion] [Elderly Traveler] must be pre-approved and arranged by the Assistance Provider.]

[EMERGENCY MEDICAL REUNION

When an Insured Person [up to age 24] [is traveling alone][and is hospitalized for more than [7] [days], the Company will arrange and pay for [round-trip economy-class transportation] for [one individual selected by the Insured Person] [a parent, spouse, sibling (over age 21) or legal guardian] [an immediate family member], from the [Insured Person's Home Country] to [the location where the Insured Person is hospitalized] [and return to the current Home

Country]. [For participants over age 24, benefits are payable if hospitalization lasts more than one week.] The benefits payable will include:

[If the Insured Person is eligible for a covered Emergency Medical Evacuation or Repatriation under this Policy and the Assistance Provider, and the attending Physician determines that Medical Emergency Evacuation or Repatriation is necessary and prudent for the Insured Person, the Company will arrange and pay for round trip economy-class transportation for one individual selected by the Insured Person, from the Insured Person's current Home Country to the location where the Insured Person is hospitalized and return to the current Home Country. The benefits payable will include]:

[1. The cost of a round trip economy air fare up to the maximum stated in Section II Schedule of Benefits, Emergency Medical Reunion];
[2. Reasonable travel and accommodation expenses incurred in relation to the Emergency Medical Reunion up to the maximum stated in Section II Schedule of Benefits, Emergency Medical Reunion];
[3. Hotel and meals [to a maximum of $75 per day] up to the maximum stated in Section II Schedule of Benefits, Emergency Medical Reunion].

[The period of Emergency Medical Reunion is not to exceed [1 to 50] days, including travel.]

All transportation in connection with an Emergency Medical Reunion must be pre-approved and arranged by [the program][the Assistance Provider].

[RETURN OF VEHICLE

If a covered Injury or Illness would require the covered [Emergency Medical Evacuation/Repatriation] [or][Return of Mortal Remains] of an Insured Person, and if an Insured Person's vehicle is stranded anywhere in the continental United States, the Company will return an automobile, truck, RV or trailer operated by the Insured Person, to the Insured Person's residence or, if applicable, to a designated rental agency. The vehicle must be in legally drivable condition or transportable by truck or tow. The Company will pay for fuel, oil, driver (including cost for food and accommodations during the trip for the driver) and tolls en route, up to the maximum stated in Section II Schedule of Benefits, Return of Vehicle.

All transportation in connection with a Return of Vehicle must be pre-approved and arranged by an Assistance Provider.]

[BAGGAGE LOSS AND/OR DELAY

The Company will reimburse the Insured Person, up to the amount stated in the Schedule of Benefits, Baggage Loss and/or Delay for loss, theft or damage to baggage and personal effects, [checked with a Common Carrier] provided the Insured Person has taken all reasonable measures to protect, save and/or recover his/her property at all times. The baggage and personal effects must be owned by and accompany the Insured Person at all times.

[This coverage is secondary to any coverage provided by a Common Carrier [and all other valid and collectible insurance indemnity and shall apply only when such other benefit are exhausted.]]

[There will be a per article limit of [$200] [$250 for cameras]. [There will also be a combined maximum limit of [$400] for the following: jewelry; watches and cameras including related equipment; personal computers; articles consisting in whole or in part of silver, gold, or platinum; furs and articles trimmed with or made mostly of fur.]]

The Company will pay the lesser of the following:
1. The actual cash value (cost less proper deduction for depreciation at the time of loss, theft or damage;
2. The cost to repair or replace the article with material of a like kind and quality; or
3. [$200] per article.

[A maximum of [$50] will be paid for the cost of replacing a passport or visa.]

[A maximum of [$50] will be paid for the cost associated with the unauthorized use of lost or stolen credit cards, subject to verification that the Insured Person has complied with all conditions of the credit card company.]

[For Baggage Delay: If an Insured Person's checked baggage is delayed or misdirected by a Common Carrier for more than [24 hours] from the Insured Person's time of arrival at a destination other than their Home Country, benefits will be paid, up to the amount stated in the Schedule of Benefits, Baggage Loss and/or Delay, for the actual expenditure for necessary personal effects. An Insured Person must be a ticketed passenger on a Common Carrier. The Common Carrier must certify the delay or misdirection. Receipts for the purchases must accompany any claim.]

Benefits will not be paid for any expenses which have been reimbursed or for any services which have been provided by the Common Carrier, hotel or Travel Supplier; nor will benefits be paid for loss or damage to property specifically scheduled under any other insurance.]

[TRIP CANCELLATION AND/OR DELAY

Trip Cancellation Coverage

The Company will pay benefits up to the maximum stated in the Schedule of Benefits, Trip Cancellation and/or Delay, Trip Cancellation Limit, for the expenses identified below that the Insured Person incurs for trips canceled up to the time and date of departure.

Coverage is provided for expenses the Insured Person incurs after the Effective Date due to the cancellation of the Insured Person's trip if caused by:
[1. Death of a Family Member;]
[2. An Injury or medical condition (whether or not death results) requiring the Insured Person, a Family Member, Traveling Companion or Traveling Companion's Family Member to receive Treatment by a licensed Physician who advises cancellation of the trip. This licensed Physician may not be the Insured Person's or Traveling Companion's Family Member, or the Insured Person, or a Family Member of the person whose condition caused the cancellation. An actual examination or visit must take place before the cancellation is made, and the Insured Person must notify the appropriate travel supplier(s) of the cancellation within 72 hours of the visit, unless the condition prevents it, and then as soon as possible.

Failure to do so may result in a claim payment which is less than the penalty imposed for cancellation;]

[3. Financial default of a tour operator, airline or cruise line resulting in the complete cessation of services, which occurs more than 10 days following the Effective Date;]

[4. Strikes or natural disasters resulting in the complete cessation of services by an airline, tour operator or cruiseline;]

[5. The Insured Person or Traveling Companion being hijacked, quarantined, required to serve on a jury, served with a court order, or having his or her home made uninhabitable by fire or flood;]

[6. The Insured Person or Traveling Companion being directly involved in a traffic Accident while directly en route to a departure. The traffic Accident must be substantiated by a police report;]

[7. A Terrorist Attack in a foreign city if the Insured Person is scheduled to arrive in that city within [10] days following the incident, and the Insured Person's tour operator or cruise line (if applicable) does not offer a substitute itinerary;]

[8. An Insured Person[, or] Traveling Companion[, or Family Member] who is in the military and is called to emergency duty for a national disaster other than war;]

[9. An Insured Person being terminated, or laid off from employment subject to [five] years of continuous employment at the place of employment where terminated.]

[10. Cancellation of a scheduled trip by a group leader because he/she or a member of his/her immediate family becomes seriously ill or injured and no replacement can be found, requiring all participants assigned to such group leader to cancel their trip. In such case, payment will not exceed [$4800] in total for all participants assigned to such group leader.]

[11. An adult participant or either parent of a student participant being laid off (which must be documented with the appropriate forms). Notification must be made to the program within [7][days] of job termination.]

[12. Within [45 days] prior to your departure for the program a politically motivated Terrorist Attack occurring within a [50 mile] radius of the territorial city limits of the [foreign] city to be visited by the program [and] [or] the United States government issues a travel advisory indicating that Americans should not travel to that city.]

Trip Cancellation Coverage is provided for the following expenses if one of the above noted incidents occurs:

[1. Non-refundable trip payments or deposits made by the Insured Person if the Insured Person's trip is canceled;]

[2. The additional cost resulting from a change in the per person occupancy rate for prepaid travel arrangements if a Traveling Companion's trip is canceled for one of the above covered reasons and the Insured Person's is not;]

[3. Reasonable additional accommodation and transportation expenses, up to the amount of coverage provided, if a covered traveling Family Member or Traveling Companion must remain hospitalized;]

[4. Reasonable additional travel costs for the Insured Person to reach their original destination if the Insured Person must depart after their planned departure date;]

[5. A refund of your program fees [less the registration fee,][protection plan fee][and] [visa fee]

[Trip Delay Coverage

The Company will pay benefits for expenses the Insured Person incurs after the Effective Date for trips that are delayed after the time and date of departure, as described herein.

Trip Delay coverage is provided for reasonable additional accommodation and traveling expense which the Insured Person incurs up to the maximum stated in the Schedule of Benefits, Trip Cancellation and Delay, Trip Delay Limit, due to a Travel Delay of at least [12, 24] hours.]]

TRIP INTERRUPTION

The Company will pay benefits up to the maximum stated in the Schedule of Benefits, Trip Interruption, Trip Interruption Limit, for the expenses identified below that the Insured Person incurs for [trips] [programs] if interrupted after departure. Coverage is provided for expenses (after the Effective Date) the Insured Person incurs due to the interruption of the Insured Person's trip if caused by:

[1. Death of a [Family Member] [parent], [spouse], [sibling], [child] [only;]

[2. An Injury or medical condition (whether or not death results) requiring the Insured Person, a Family Member, Traveling Companion or Traveling Companion's Family Member to receive Treatment by a licensed Physician who advises interruption of the trip. This licensed Physician may not be the Insured Person's or Traveling Companion's Family Member, or the Insured Person, or a Family Member of the person whose condition caused the interruption. An actual examination or visit must take place before the interruption is made;]

[3. Financial default of a tour operator, airline or cruise line resulting in the complete cessation of services, which occurs more than 10 days following the Effective Date;]

[4. Strikes or natural disasters resulting in the complete cessation of services by an airline, tour operator or cruiseline;]

[5. The Insured Person or Traveling Companion being hijacked, quarantined, required to serve on a jury, served with a court order, or having his or her home made uninhabitable by fire or flood;]

[6. The Insured Person or Traveling Companion being directly involved in a traffic Accident while directly en route to a departure. The traffic Accident must be substantiated by a police report;]

[7. A Terrorist Attack in a foreign city if the Insured Person is scheduled to arrive in that city within [10] days following the incident, and the Insured Person's tour operator or cruise line (if applicable) does not offer a substitute itinerary;]

[8. An Insured Person[, or] Traveling Companion[, or Family Member] who is in the military and is called to emergency duty for a national disaster other than war;]

[9. An Insured Person being terminated, or laid off from employment subject to [five] years of continuous employment at the place of employment where terminated.]

[10. While on the program a politically motivated Terrorist Attack occurring within a [50 mile] radius of the territorial city limits of the [foreign] city to be visited by the program [and] [or] the United States government issuing a travel advisory indicating that Americans should not travel to that city.

[11. Serious damage to the Insured Person's principal residence from fire, flood or similar natural disaster (tornado, earthquake, hurricane, etc.)]

Coverage is provided for the following expenses if one of the above noted incidents occurs:

[1. Non-refundable trip payments or deposits made by the Insured Person if the Insured Person's trip is canceled;]
[2. The additional cost resulting from a change in the per person occupancy rate for prepaid travel arrangements if a Traveling Companion's trip is interrupted for one of the above covered reasons and the Insured Person's is not;]
[3. Reasonable, additional accommodation and transportation expenses, up to the amount of coverage provided, if a covered traveling Family Member or Traveling Companion must remain hospitalized;]
[4. Reasonable, additional travel costs for the Insured Person to reach their original destination if the Insured Person must depart after their planned departure date;]
[5. Reasonable, additional transportation expenses needed to reach the Insured Person's return destination or to travel from the place the Insured Person's trip was interrupted to the place where the Insured Person can rejoin the trip and the unused portion of any non-refundable land, sea and air arrangements that were paid as part of the trip.]
[6. A refund of your program fees [less the registration fee,][protection plan fee][and] [visa fee]
[7. One-way economy ticket [to the participant's home][to the United States].
[8. The cost of economy travel [less the value of applied credit from an unused return travel ticket] to return home [to their area of principal residence.]]

[RETURN TICKET

The Company will pay for the cost of a return ticket to the maximum stated in the Schedule of Benefits, Return Ticket, for the Insured Person if the Insured Person's [Family member] [spouse] [or] [child] [or] [parent] [or] [sibling] incurs death or serious Illness in the [Insured Person's Home Country]. The Company will organize and pay for expenses related to the return travel for the Insured Person from the [Host Country] to [their Home Country]. This benefit applies only when the Insured Person is unable to utilize his original return trip ticket.

With regards to serious Illness or Illness causing death of a Family Member, the following conditions apply:
[1. The serious Illness, or Illness causing death, must manifest itself during the time the Insured Person is traveling outside their Home Country];
[2. The [Family Member] [spouse] [or] [child] [or] [parent] [or] [sibling] has been hospitalized for more than [5, 7, 10] days];
[3. The Illness is deemed to be life threatening by the Family Member's [spouse's] [or] [child's] [or] [parent's] [or] [sibling's] Physician and the Assistance Provider];
[4. The maximum age of the Family Member [spouse] [or] [child] [or] [parent] [or] [sibling] for this early return coverage is seventy-five (75).]
[5. At least [30 days] must remain in the Insured's program period at time of notification];
[6. The return journey to the program must be made within [30 days] of arrival in the Home Country];
[7. Prior notification must be provided to the program and flight arrangements made through the Administrator].

[[TUITION] [PROGRAM FEE] REFUND

The Company will reimburse [the tuition] [the program fee] up to the maximum shown in the Benefit Schedule less the [enrollment form fee], [deposit], [processing fee], [membership fee] [and] [insurance premium] if an Insured Person who has paid [the tuition] [the program fee]:

[(a) Suffers a serious Illness which prevents the Insured from taking his final examinations or make-up examinations. The Illness must last at least four consecutive weeks and be certified by a Physician; or]
[(b) Suffers an Accidental Injury or Illness [within [30] days of departure] which prevents the Insured from departing for the trip/program. The Insured Person must be under the care of a Physician or surgeon; or]
[(c) Is quarantined at the place of residence, or epidemic in the area of travel prevents attendance of the Insured for the entire semester.]
[(d) An Insured suffers Accidental Injury, disease or Illness for which the Insured Person is under care of a legally qualified Physician or surgeon.]

[SECTION III - EXCLUSIONS

[For expenses listed in the Schedule of Benefits, Accidental Death and Dismemberment this Insurance does not cover:
[1. Losses and Covered Expenses that are not incurred under the circumstances described in the Scope of Coverage.]
[2. Suicide or attempt thereof by the Insured Person while sane or self destruction or any attempt thereof by the Insured Person while insane;]
[3. Illness, sickness or disease of any kind;]
[4. Bacterial infections except pyogenic infection which shall occur through an accidental cut or wound;]
[5. Hernia of any kind;]
[6. Injury sustained while the Insured Person is riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft;]
[7. Injury sustained while the Insured Person is riding as a passenger in any aircraft (a) not having a current and valid Airworthiness Certificate and (b) not piloted by a person who holds a valid and current certificate of competency for piloting such aircraft;]
[8. Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with the following, which shall hereinafter for the purposes of this Exclusion be called the "Incidents":
a) war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war.
b) mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power.
c) any act of any person acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of the Government de jure or de facto or to the influencing of it by terrorism or violence.
d) martial law or state of siege or any events or causes which determine the proclamation or maintenance of marital law or state of siege.

Any consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to, or arising in connection with, any of the

said Incidents shall be deemed to be consequences for which the Company shall not be liable under this Policy except to the extent that the Insured Person shall prove that such consequence happened independently of the existence of such abnormal conditions.]

[9. Service in the military, naval or air service of any country;]

[10. Flying in any aircraft being used for or in connection with acrobatic or stunt flying, racing or endurance tests;]

[11. Flying in any rocket-propelled aircraft;]

[12. Flying in any aircraft being used for or in connection with crop dusting or seeding or spraying, fire fighting, exploration, pipe or power line inspection, any form of hunting or herding, aerial photography, banner towing or any experimental purpose;]

[13. Flying in any aircraft which is engaged in any flight which requires a special permit or waiver from the authority having jurisdiction over civil aviation, even though granted;]

[14. Being under the influence of alcohol or having taken drugs or narcotics unless prescribed by a legally qualified Physician or surgeon;]

[15. Injury occasioned or occurring while the Insured Person is committing or attempting to commit a felony or to which a contributing cause was the Insured Person being engaged in an illegal occupation;]

[16. While riding or driving in any kind of competition;]

[17. Pregnancy, childbirth, miscarriage or abortion;]

[18. Injury arising out of a Pre-Existing Condition. However, an Injury for which the Treatment has not been rendered or Treatment medically recommended for the past [thirty] consecutive months shall not be considered a Pre-Existing Condition unless otherwise specifically excluded;]

[19. Neuroses, psychoneuroses, psychopathies, psychoses or mental or emotional diseases or disorders of any type.]]

[20. This Policy does not insure against loss or damage (including death or injury) and any associated cost or expense resulting directly or indirectly from the discharge, explosion or use of any device, weapon or material employing or involving nuclear fission, nuclear fusion or radioactive force, or chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act, regardless or any other cause or event contributing concurrently or in any other sequence thereto.]

[For benefits listed in the Schedule of Benefits, [Accident Medical, Illness Medical, In-Hospital Indemnity, Unexpected Recurrence, Maternity and Pre-Natal Care, Mental Illness [–Alcohol] [and] [Drug] Abuse, Dental, Spinal Manipulation, Emergency Medical Evacuation/Repatriation, Return of Mortal Remains [or Cremation], Return of [Minor Child] [Traveling Companion] [Elderly Traveler], Emergency Medical Reunion, Return of Vehicle, Trip Cancellation and Delay, Return Ticket], this Insurance does not cover:

[1. Losses and Covered Expenses that are not incurred under the circumstances described in the Scope of Coverage.]

[2. [Any Injury or Illness which meets the following criteria [unless covered under the Unexpected Recurrence benefit]: [1) a condition that would have caused a person to seek medical advice, diagnosis, care or treatment [during the] [0, 30, 60, 90, 180 days] [12, 24, 36, 60 months] [anytime] prior to the Effective Date of coverage under this Policy]; [2) a condition for which medical advice, diagnosis, care or treatment was recommended or received during the [0, 30, 60, 90, 180 days] [12, 24, 36, 60 months] [anytime] prior to the Effective Date of coverage under this Policy]; [3) expenses for a Pregnancy [existing before or after] [within 9, 10, or 12 months of] the Effective Date of coverage under this Policy].][Pre-Existing Conditions.] [Pre-Existing Conditions that were disclosed on the enrollment form and accepted by the Company shall be considered covered. Exclusionary Riders may be issued by the Company for certain Pre-Existing Conditions.] [For Insured Persons traveling [outside the United States and Canada], the period is [12] [months] instead of [36] [months]]. [Note: This Policy does pay benefits to a maximum of [$1,000] for loss due to a Pre-Existing Condition.] [This exclusion does not apply to Emergency Evacuation/Repatriation or Return of Mortal Remains.]]

[3. Any Injury or Illness as related to the Schedule of Benefits, Emergency Medical Evacuation/Repatriation and Return of Mortal Remains [or Cremation], which meets the following criteria: [1) a condition that would have caused a person to seek medical advice, diagnosis, care or Treatment [during the] [0, 30, 60, 90, 180 days] [12, 24, 36, 60 months] [anytime] prior to the Effective Date of coverage under this Policy]; [2) a condition for which medical advise, diagnosis, care or Treatment was recommended or received during the [0, 30, 60, 90, 180 days] [12, 24, 36, 60 months] [anytime] prior to the Effective Date of coverage under this Policy]; [3) expenses for a Pregnancy [existing before or after] [within 9, 10, or 12 months of] the Effective Date of coverage under this Policy.]

[4. Pre-Existing conditions, defined as any condition for which a licensed Physician was consulted, or for which Treatment or Medication was prescribed, or for which manifestations or symptoms would have caused a person to seek medical advice prior to the Effective Date of coverage under the Policy, except as specified below:

(a) If the Insured Person does not receive medical care or services, including prescription drugs or other medical supplies, and is not under the care of a Physician with respect to the Pre-Existing Condition or related condition(s), for a period of [3, 6, 9, 12, 18] consecutive months beginning on or after the first day of coverage, the preexisting condition exclusion will no longer apply and any eligible charges incurred after the Treatment free period will be considered for reimbursement; [or]

(b) If the Insured Person is covered under the Policy for [6, 9, 12, 18] consecutive months, the Pre-Existing Condition exclusion will no longer apply and any eligible expenses incurred thereafter will be considered for reimbursement]; [or]

(c) The Insured Person is covered under the Unexpected Recurrence benefit.]

[Note: This Policy does pay benefits to a maximum of [$1,000] for loss due to a Pre-Existing Condition.]

[5. Injury or Illness which is not presented to the Company for payment within [3, 6, 12 months] [of receiving Treatment;] [immediately following the Occurrence or Benefit Period;]

[6. Charges for Treatment which is not Medically Necessary;]

[7. Charges provided at no cost to the Insured Person;]

[8. Charges for Treatment which exceed Reasonable Charges;]

[9. Charges incurred for Surgery or Treatments which are Experimental/Investigational, or for research purposes;]

[10. Services, supplies or Treatment, including any period of Hospital confinement, which were not recommended, approved and certified as Medically Necessary and reasonable by a Physician;]

[11. Suicide or any attempt thereof, while sane or self destruction or any attempt thereof, while sane;]

[12. Any consequence, whether directly or indirectly, proximately or remotely occasioned by, contributed to by, or traceable to, or arising in connection with the following, which shall hereinafter for the purposes of this Exclusion be called the "Incidents":

a) war, invasion, act of foreign enemy hostilities, warlike operations (whether war be declared or not), or civil war.

b) mutiny, riot, strike, military or popular uprising insurrection, rebellion, revolution, military or usurped power.

c) any act of any person acting on behalf of or in connection with any organization with activities directed towards the overthrow by force of the Government de jure or de facto or to the influencing of it by terrorism or violence.

d) martial law or state of siege or any events or causes which determine the proclamation or maintenance of marital law or state of siege.

Any consequence happening or arising during the existence of abnormal conditions (whether physical or otherwise), whether directly or indirectly, proximately or remotely occasioned by, or contributed to by, traceable to, arising in connection with, any of the said Incidents shall be deemed to be consequences for which the Company shall not be liable under this Policy except to the extent that the Insured Person shall prove that such consequence happened independently of the existence of such abnormal conditions.]

[13. Injury sustained while participating in professional athletics;]

[14. Injury sustained while participating in Amateur or Interscholastic Athletics;]

[15. Routine physicals, [immunizations] or other examinations where there are no objective indications or impairment in normal health, and laboratory diagnostic or x-ray examinations, except in the course of a Disablement established by a prior call or attendance of a Physician [unless otherwise covered under this Policy] [;]

[16. Treatment of the temporomandibular joint;]

[17. Vocational, speech, recreational or music therapy;]

[18. Services or supplies performed or provided by a Relative of the Insured Person, or anyone who lives with the Insured Person;]

[19. The refusal of a Physician or Hospital to make all medical reports and records available to the Company will cause an otherwise valid claim to be denied;]

[20. Medical reports and records or history of Treatment provided free-of-charge, by a Relative, or a friend of the Insured Person will not be considered reliable and will cause an otherwise valid claim to be denied;]

[21. Cosmetic Surgery or plastic Surgery, except as the result of a covered Accident; [for the purposes of this Policy, Treatment of a deviated nasal septum shall be considered Cosmetic Surgery;]

[22. Elective Treatment which can be postponed until the Insured Person returns to his/her Home County, where the objective of the trip is to seek medical advice, Treatment or Surgery;]

[23. Treatment and the provision of false teeth or dentures, normal ear tests and the provision of hearing aids;]

[24. Eye refractions or eye examinations for the purpose of prescribing corrective lenses for eye glasses or for the fitting thereof, unless caused by Accidental bodily Injury incurred while insured hereunder;]

[25. Treatment in connection with alcoholism and drug addiction, or use of any drug or narcotic agent;]

[26. Injury sustained while under the influence of or Disablement due to wholly or partly to the effects of intoxicating liquor or drugs other than drugs taken in accordance with Treatment prescribed and directed by a Physician for a condition which is covered hereunder [but not for the Treatment of drug addiction] [;]

[27. Any mental or nervous disorders or rest cures [, unless otherwise covered under this Policy;]

[28. Telephone consultations or failure to keep a scheduled appointment;]

[29. Treatment while confined primarily to receive Custodial Care, Educational or Rehabilitative Care, or nursing services;]

[30. Congenital abnormalities and conditions arising out of or resulting therefrom [, unless otherwise covered under this Policy];]

[31. Expenses which are non-medical in nature;]

[32. The cost of the Insured Person's unused airline ticket for the transportation back to the Insured Person's Home Country, where an Emergency Medical Evacuation or Repatriation and/or Return of Mortal Remains benefit is provided;]

[33. Expenses as a result or in connection with intentionally self-inflicted Injury or Illness;]

[34. Expenses as a result or in connection with the commission of a felony offense;]

[35. Injury sustained while taking part in [mountaineering where ropes or guides are normally used]; [hang gliding,] [parachuting,] [bungee jumping,] [racing by horse, motor vehicle or motorcycle,] [snowmobiling,] [motorcycle/motor scooter riding,] [scuba diving, involving underwater breathing apparatus, unless PADI or NAUI certified,] [scuba diving, involving underwater breathing apparatus,] [snorkeling,] [water skiing,] [snow skiing,] [spelunking,] [parasailing] [and] [snow boarding] [;] [Hazardous Sport Coverage: the following are covered if the required premium has been paid: [mountaineering where ropes or guides are normally used (4500 meter limit)]; [hang gliding,] [parachuting,] [bungee jumping,] [racing by horse, motor vehicle or motorcycle,] [snowmobiling,] [motorcycle/motor scooter riding,] [scuba diving, involving underwater breathing apparatus, unless PADI or NAUI certified,] [scuba diving, involving underwater breathing apparatus,] [snorkeling,] [water skiing,] [snow skiing,] [spelunking,] [and] [snow boarding]

[36. Treatment paid for or furnished under any other individual or group policy or other service or medical pre-payment plan arranged through the employer to the extent so furnished or paid, or under any mandatory government program or facility set up for Treatment without cost to any individual;]

[37. Injuries for which benefits are payable under any no-fault automobile Insurance Policy;]

[38. Treatment of venereal disease;]

[39. Dental care, except as the result of Injury to natural teeth caused by Accident [, unless otherwise covered under this Policy;]

[40. Routine Dental Treatment [, unless otherwise covered under this Policy;]

[41. For Pregnancy or Illness resulting from Pregnancy, childbirth, or miscarriage [including those incurred by Class III Insured Person;]
[42. For miscarriage resulting from Accident;]
[43. Drug, Treatment or procedure that either promotes or prevents conception, or prevents childbirth, including but not limited to: artificial insemination, Treatment for infertility or impotency, sterilization or reversal thereof [, or abortion limited to [$500];]
[44. Treatment for cancer, heart/circulatory related problems or tuberculosis;]
[45. Treatment for human organ tissue transplants [or bone marrow transplants] and their related Treatment;]
[46. Expenses incurred while the Insured Person is in their Home Country [, unless otherwise covered under this Policy;][or] [after approved Emergency Evacuation/Repatriation] [or] [if Treatment if a follow-up to a covered Disablement during coverage]].]
[47. Expenses incurred within the Insured Person's Home Country or country of residence;]
[48. Weak, strained or flat feet, corns, calluses, or toenails;]
[49. Duplicate services actually provided by both a certified nurse-midwife and a Physician;]
[50. Expenses incurred during a Hospital emergency visit which is not of an emergency nature;]
[51. Injury sustained as the result of the Injured Person operating a motor vehicle while not properly licensed to do so in the jurisdiction in which the motor vehicle accident takes place;]
[52. Covered Expenses incurred during a Trip which exceeded [ ] days in duration;]
[53. Covered Expenses incurred for which the Trip to the Host Country was undertaken to seek medical Treatment for a condition;]
[54. Covered Expenses incurred during a Trip after the Insured Person's Physician has limited or restricted travel;]
[55. This Policy does not insure against loss or damage (including death or injury) and any associated cost or expense resulting directly or indirectly from the discharge, explosion or use of any device, weapon or material employing or involving nuclear fission, nuclear fusion or radioactive force, or chemical, biological, radiological or similar agents, whether in time of peace or war, and regardless of who commits the act, regardless or any other cause or event contributing concurrently or in any other sequence thereto.]
[56. Diagnosis and Treatment of acne];
[57. Injury sustained while the Insured Person is riding as a pilot, student pilot, operator or crew member, in or on, boarding or alighting from, any type of aircraft];
[58. Outpatient Treatment for [specified therapies], [spinal manipulation], [physiotherapy] [and] [acupuncture][unless otherwise covered under this Policy]].
[59. Private-duty nursing services];
[60. Sex change operations, or for Treatment of sexual dysfunction or sexual inadequacy];
[61. Weight reduction programs or the surgical Treatment of obesity];
[62. Treatment, Medication or hormones intended to stimulate growth];
[63. Treatment of eating disorders including, but not limited to, anorexia nervosa or bulimia. Charges for medical stabilization necessitated by life-threatening illness resulting from such disorders];
[64. Expenses resulting from Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC) or the Human Immunodeficiency Virus (HIV)];

[In addition to exclusions listed for the Schedule of Benefits, [Trip Cancellation and Delay] [Trip Interruption] above, the expenses listed in the Schedule of Benefits, [Trip Cancellation and Delay], [Trip Interruption] this Insurance does not cover:
[1. Losses and Covered Expenses that are not incurred under the circumstances described in the Scope of Coverage.]

[2. The Insured Person or Traveling Companion or Traveling Companion's family making changes to personal plans; having business or contractual obligations; being unable to obtain necessary travel documents (passports, visas, etc.); being detained or having property confiscated by customs authorities; carrier caused delays (including bad weather);]
[3. Prohibition or regulatory by any government; default of yacht charter companies; default of the organization from which the Insured Person purchased their trip arrangements;]]
[4. War or any act of war, whether declared or not;]
[5. Participation in a felony, riot, or insurrection;]
[6. Participation in contests of speed;]
[7. A Pre-Existing Condition existing prior to the Insured Person's departure from their Home Country that has the likelihood of causing death.]]

[With regard to Trip Delay, this Insurance does not cover:
[1. Losses and Covered Expenses that are not incurred under the circumstances described in the Scope of Coverage.]
[2 Prepaid expenses are not covered;]
[3. Expenses relating to but not directly involved in a traffic Accident while en route to a departure; carrier caused delays (including bad weather); lost or stolen passports, travel documents or money; quarantine; hijacking; unannounced strikes; natural disasters; civil disorders or unrest.]]]

[For expenses listed in section II, Schedule of Benefits, Baggage Loss and Delay, this Insurance does not cover:
[1. Losses and Covered Expenses that are not incurred under the circumstances described in the Scope of Coverage.]
[2. Aircraft, automobiles, automobile equipment, motors, motorcycles, bicycles (except bicycles when checked as baggage with a Common Carrier,) boats or other conveyances or their accessories;]
[3. Animals;]
[4. Artificial teeth or limbs, hearing aids;]
[5. Sunglasses, contact lenses or eyeglasses;]
[6. Documents of any kind, including but not limited to documents, bills, currency, deeds, evidences of debt, letters of credit, stamps, credit cards, money, notes, securities, transportation or other tickets;]
[7. Keys, household furniture or furnishings, rugs or carpets of any type;]
[8. Merchandise for sale or exhibition, salesmen's samples;]
[9. Perishable items, Medicines, perfumes, cosmetics, and consumables;]
[10. Physicians and Surgeons instruments;]
[11. Theatrical property, or professional or business property;]

[12. Property shipped as freight or shipped prior to the trip departure date;]
[13. All jewelry, watches, gems, furs, cameras and camera equipment, camcorders, sporting equipment, computers, radios, and other electronic items limited to per occurrence] unless otherwise covered in this Policy;]
[14. Wear and tear or gradual deterioration;]
[15. Insect or vermin damage;]
[16. Damage from being worked upon;]
[17. Breakage of articles of a brittle nature unless caused by thieves, fire or Accident to conveyances;]
[18. Destruction or seizure under quarantine or customs rules or by order of a government;]
[19. Illegal transportation or trade;]
[20. War, including undeclared war, civil war insurrection, rebellion, revolution, warlike act by a military force or military personnel, destruction or seizure of use for a military purpose, and including any consequence of any of these;]
[21. Nuclear hazard meaning any nuclear reaction, radiation or radioactive contamination, all whether controlled or uncontrolled or however caused or any consequence of any of these. Loss caused by the nuclear hazard will not be considered Loss caused by fire, explosion or smoke; however, direct Loss by fire resulting from nuclear hazard is covered.]]
[22. Musical instruments;]
[23. Sporting equipment [if loss or damage results from the use thereof]].]

SECTION IV – CLAIMS PROCEDURES AND CERTIFICATE PROVISIONS

Notice of Claim: Written notice of claim must be given to the Company within days after the Occurrence or commencement of any Disablement covered by the Policy, or as soon thereafter as is reasonably possible. Notice given by or on behalf of the claimant to the Administrative Offices of the Company, or to any authorized agent of the Company, with information sufficient to the identify the Insured Person shall be deemed notice to the Company.

Claim Forms: The Company, upon receipt of a notice of claim, will furnish to the claimant such forms as are usually furnished by it for filing Proofs of Loss. If such forms are not furnished within fifteen days after the giving of such notice the claimant shall be deemed to have complied with the requirements of the Policy as to proof of loss upon submitting, within the time fixed in the policy for filing Proofs of Loss written proof covering the occurrence, the character and the extent of the for which claim is made.

Proof of Loss: Written Proof of Loss must be furnished to the Company at its said office in case of claim for loss for which this Policy provides any periodic payment contingent upon continuing loss within [30, 60, 90, 365] days after the termination of the period for which the Company is liable and in case of claim for any other loss within ninety days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible. [In any case, the proof required must be given no later than [one year] from the time specified except in the absence of legal capacity.

Time of Payment of Claims: Indemnities payable under the Policy for any loss other than loss for which the Policy provides any periodic payment will be paid immediately upon receipt of due written proof of such loss. Subject to due written Proof of Loss, all accrued indemnities for loss for which the Policy provides periodic payment will be paid at the expiration or each four weeks during the continuance of the period for which the Company is liable, and any balance remaining unpaid upon the termination of liability will be paid immediately upon receipt of due written proof.

Payment of Claims: Indemnity for loss of life will be payable in accordance with the beneficiary designation and the provisions respecting such payment which may be prescribed herein and effective at the time of payment. If no such designation or provision is then effective, such indemnity shall be payable to the estate of the Insured Person. Any other accrued indemnities unpaid at the Insured Person's death may, at the option of the Company, be paid either to such beneficiary or to such estate. All other indemnities will be payable to the Insured Person.

If any indemnity of the Policy shall be payable to the Insured Person or to an Insured Person who is a minor or otherwise not competent to give a valid release, the Company may pay such indemnity, up to an amount not exceeding, to any Relative by blood or connection by marriage of the Insured Person who is deemed by the Company to be equitably entitled thereto. Any payment made by the Company in good faith pursuant to this provision shall fully discharge the Company to the extent of such payment.

Subject to any written direction of the Insured Person all or a portion of any indemnities provided by this Policy may, at the Company's option and unless the Insured Person requests otherwise in writing not later than the time for filing proof of such loss, be paid directly to the Service Provider.

Physical Examination and Autopsy: The Company at its own expenses shall have the right to examine the person of any individual whose Injury or Illness is the basis of claim when and as often as it may reasonably require during the pendency of a claim hereunder and to make an autopsy in case of death, where it is not forbidden by law [during the period of contestability and the autopsy must be performed in South Carolina].

Legal Actions: No actions at law or in equity shall be brought to recover on the Policy prior to the expiration of [sixty days] after written proof of loss has been furnished in accordance with requirements of this Policy. No such action shall be brought after expiration of [three years] [six years] after that time written Proof of Loss is required to be furnished.

Conformity With State Statues: Any provision of the certificate which, on its effective date, is in conflict with the statues of the state in which the certificate was delivered or issued for delivery is hereby amended to conform to the minimum requirements of such statues.

Effective Date of Individual Insurance: Individual coverage will become effective upon the latest of the following: [1. The Date the Company receives a completed enrollment form and premium for the Policy Period.] or [2. The Effective Date requested on the enrollment form.] or [3. The moment the Insured Person [departs] [arrives] [exits their Home Country airspace] or [4. The Date the Company approves the enrollment form.] or [5. The Effective Date of the Policy] [6.

The Date requested by the [Policyholder][Participating Organization].]

Termination Date of Individual Insurance: Individual coverage will terminate upon the earlier of the following: [1. The moment the Insured Person returns to their Home Country, unless otherwise covered under the Insured Person's Policy;] or [2. The expiration of [twelve months] from the Effective Date of Coverage;] or [3. The date shown on the Certificate issued by the Company;] or [4. The end of the period for which premium has been paid;] or [5. The Date the Insured Person fails to be considered an Eligible Person.] or [6. The Date the Insured Person becomes a permanent resident of the United States [residing in the United States [4,6,8] months or longer during any 12 month Period of Coverage.] or [7. the date the Insured Person's participation in the program is terminated]. or [8. the maximum benefit amount has been paid] or [9. The expiration date of the term of coverage, requested by the [Policyholder][Participating Organization.]]

Assignment: The insurance provided hereunder is not assignable but benefits may be assigned in accordance with the Payment of Claims provision.

Renewal of Individual Insurance: The Insured Period of Coverage cannot exceed twelve (12) months. The Insured Person, however, may apply for renewal of coverage. [The renewal Period of Coverage may not total more than twelve (12) months.] [[Renewal(s) will be contingent upon the Insured Person submitting the renewal premiums for their Class, determined by the Company.] [The Company cannot cancel an Insured Person, unless that Insured Person is included in a Class that is included in a Class that is canceled in its entirety by the Company.]]

Not in Lieu of Worker's Compensation: The Policy is not in lieu of and does not affect any requirements for coverage by Worker's Compensation Insurance.

Aggregate Limit of Indemnity: The Aggregate Limit of Indemnity for benefits payable under the Accidental Death and Dismemberment, shall be the total limit of the Company's liability for all benefits payable under Accidental Death and Dismemberment Indemnity with respect to all Classes of Insured Persons arising out of Injury sustained by two or more Insured Persons as the result of any one Accident as shown in the Schedule.

[Combined Individual Limit: The Combined Individual Limit is the maximum amount payable under the Policy per Insured Person [per Injury or Illness] [for all losses under the Policy and described in the certificate.

Excess Benefits: All coverages, [except Accidental Death and Dismemberment], [shall be in excess of all other valid and collectible Insurance Indemnity and shall apply only when such benefits are exhausted][shall be payable as primary coverage][shall be paid according to the Coordination of Benefits provision of this Policy].

[Other valid and collectable Insurance Indemnity for which benefits may be payable are Insurance programs provided by:

(a) Individual, group or blanket Insurance or coverage;
(b) Other prepayment coverage provided on a group or individual basis;
(c) Any coverage under labor management trusteed plans, union welfare plans, employer organizational plans, employee benefit organization plans, or other arrangement of benefits for individuals of a group;
(d) Any coverage required or provided by any statue, socialized Insurance program;
(e) Any no-fault automobile Insurance;
(f) Any third party liability Insurance.]

Subrogation: To the extent the Company pays for a loss suffered by an Insured, the Company will take over the rights and remedies the Insured had relating to the loss. This is known as subrogation. The Insured must help the Company to preserve its rights against those responsible for the loss. This may involve signing any papers and taking any other steps the Company may reasonable require. If the Company takes over an Insured's rights, the Insured must sign an appropriate subrogation form supplied by the Company.]

Notice to Florida residents: the benefits of this Policy providing Your coverage are governed by the law of a state other than Florida. Your homeowners policy, if any, may provide coverage for loss of personal effects provided by the Baggage and Personal Effects coverage. This insurance is not required in connection with the purchase of Your travel arrangements.]

[SECTION V - UTILIZATION MANAGEMENT (U.M.) PROGRAM

[An Insured Person must follow the Utilization Management Program (hereinafter called U.M. Program) in order to receive full benefits under the Policy. If the Insured Person does not properly follow the U.M. Program, their benefits under the Policy will be reduced, as described below. The Insured Person is responsible for obtaining any required Pre-Certification for all Hospital admissions or transplants worldwide, [or for any Outpatient Surgery or Covered Expenses] [which will exceed [$500, $1,000, $2,500, $5,000]] [in the United States] [worldwide]]. The Insured Person or someone on his behalf, must notify the Company prior to Treatment, by telephoning the Company's Utilization Management firm. The telephone number of the Utilization Management firm is shown on the Insured Person's Identification Card.

The Utilization Management (U.M.) Program requires that the Insured Person obtain Pre-Certification (unless otherwise noted herein) for the following:

1. For Scheduled Hospital Admissions [in a United States Hospital] [Worldwide]: The U.M. Program requires that the Insured Person, or someone on their behalf, contact the Company as soon as possible, but not less than 48 hours, prior to the date of admission for any Scheduled Hospital Confinement [in the United States] [or] [Worldwide], to obtain the following:

   (a) Pre-Certification for Hospital admission, including the number of days of stay. If additional days of Hospital confinement are necessary beyond the initial number of Pre-Certified days, the attending Physician or an official representative of the facility where the Insured Person is confined, must contact the Company (no later than the last day originally Pre-Certified) to obtain Pre-Certification for any additional days of Hospital confinement. The Company will review with the attending Physician

the request for the additional days of Hospital confinement.

2. For Emergency Hospital confinements [in the United States] [Worldwide]: The U.M. Program requires that the Insured Person, or someone on their behalf, contact the Company as soon as possible, but no later than 48 hours after the date of admission to a Hospital in case of emergency [in the United States] [or] [Worldwide].

[3. For Outpatient Treatments or Covered Expenses [which will exceed [$500, $1,000, $2,500, $5,000]] [in the United States] [or] [Worldwide]: The U.M. Program requires that the Insured Person, or someone on his behalf, contact the Company as soon as possible, but no less than [48] [hours] prior to the date that Outpatient Treatment [in the United States] [or] [Worldwide] is to begin.]

[4. For Transplants Worldwide: The Insured Person, or someone on their behalf, must contact the Company immediately, but not later than [48] [hours] after the Insured Person is identified by the attending Physician, as a candidate for a bone marrow, cornea, heart, heart and lung, single lung, pancreas and kidney, or liver transplant, and at least [10] [days] prior to any scheduled admission to a Hospital.

U.M. PROGRAM EFFECT ON BENEFITS

Subject to all provisions of the Policy, when the requirements of the U.M. Program are properly followed and the Hospital admission or transplant [in the United States] [or] [Worldwide] Treatment is Pre-Certified, benefits for Covered Expenses will be payable as described in the Schedule of Benefits in the Policy and in any amendments of endorsements to the Policy.

If an Insured Person does not properly follow the U.M. Program and if the required Pre-Certification is not obtained, the benefit percentage payable for Covered Expenses incurred for all Treatment, services, and supplies related to the Disablement will be reduced to and payable at [25%, 50%, 75%, 100%] (whether or not the Coinsurance has been met), after any Deductible amount which may apply.

The additional amounts an Insured Person is required to pay as a result of the lower percentage payable due to not following this U.M. Program will not be used to satisfy any Deductible amount or the Coinsurance in the Policy.

PRE-CERTIFICATION DOES NOT GUARANTEE BENEFITS

Benefits payable under the Policy are still subject to eligibility at the time charges are actually incurred, and to all other terms, limitations, and exclusions of the Policy. Pre-Certification does not guarantee or confirm benefits under the Policy.]

SECTION VI. [COORDINATION OF BENEFITS

Applicability

The Coordination of Benefits ("COB") provision applies to This Plan when an Insured has health care coverage under more than one Plan. "Plan" and "This Plan" are defined below.
If this COB provision applies, the order of benefit determination rules should be looked at first. Those rules determine whether the benefits of This Plan are determined before or after those of another Plan. The benefits of This Plan:

(a) will not be reduced when, under the order of benefit determination rules, This Plan determines its benefits before another Plan; but
(b) may be reduced when, under the order of benefit determination rules, another Plan determines its benefits first. This reduction is described further in the section entitled Effect on the Benefits of This Plan.

Definitions

"Plan" is a form of coverage written on an expense incurred basis which provides benefits or services for, or because of, medical or dental care or Treatment. "Plan" includes:

(a) group insurance and group remittance subscriber contracts;
(b) uninsured arrangements of group coverage;
(c) group coverage through HMO's and other prepayment, group practice and individual practice Plans; and
(d) blanket contracts, except blanket school accident coverages or a similar group when the Policy holder pays the premium.

"Plan" does not include individual or family: (a) insurance contracts; (b) direct payment subscriber contracts; (c) coverage through HMO's; or (d) coverage under other prepayment, group practice and individual practice Plans.

"This Plan" is the parts of this blanket contract that provide benefits for health care expenses on an expense incurred basis.

"Primary Plan" is one whose benefits for a person's health care coverage must be determined without taking the existence of any other Plan into consideration. A Plan is a Primary Plan if either:

(a) the Plan either has no order of benefit determination rules, or it has rules which differ from those in the contract; or

(b) all Plans which cover the person use the same order of benefits determination rules as in this contract, and under those rules the Plan determines its benefits first.

"Secondary Plan" is one which is not a Primary Plan. If a person is covered by more than one Secondary Plan, the order of benefit determination rules of this contract decide the order in which their benefits are determined in relation to each other. The benefits of each Secondary Plan may take into consideration the benefits of the Primary Plan or Plans and the benefits of any other Plan which, under the rules of this contract, has its benefits determined before those of that Secondary Plan.

"Allowable Expense" is the necessary, reasonable, and customary item of expense for health care; when the item of expense is covered at least in part under any of the Plans involved.
The difference between the cost of a private hospital room and a semi-private hospital room is not considered an Allowable Expense under the above definition unless the patient's stay in a private hospital room is medically necessary in terms of generally accepted medical practice.

When a Plan provides benefits in the form of services, the reasonable cash value of each service will be considered both an Allowable Expense and a benefit paid.

"Claim" is a request that benefits of a Plan be provided or paid. The benefits claimed may be in the form of: (a) services (including supplies); (b) payment for all or a portion of the expenses incurred; or (c) a combination of (a) and (b).

"Claim Determination Period" is the period of time, which must not be less than 12 consecutive months, over which Allowable Expenses are compared with total benefits payable in the absence of COB, to determine: (a) whether overinsurance exists; and (b) how much each Plan will pay or provide.
For the purposes of this contract, Claim Determination Period is the period of time beginning with the effective date of coverage and ending 12 consecutive months following the date of loss or longer as may be determined by the proof of loss provision.

Order of Benefit Determination Rules
When This Plan is a Primary Plan, its benefits are determined before those of any other Plan and without considering another Plan's benefits.
When This Plan is a Secondary Plan, its benefits are determined after those of any other Plan only when, under these rules, it is secondary to that other Plan.
When there is a basis for a Claim under This Plan and another Plan, This Plan is a Secondary Plan which has its benefits determined after those of the other Plan, unless:

(a) the other Plan has rules coordinating its benefits with those of This Plan; and
(b) both those rules and This Plan's rules, as described below, require that This Plan's benefits be determined before those of the other Plan.

Rules. This Plan determines its order of benefits using the first of the following rules which applies:

(a) Nondependent/Dependent Rule. The benefits of the Plan which covers the person as an employee, member or subscriber (that is, other than as a dependent) are determined before those of the Plan which covers the person as a dependent.
(b) Longer/Shorter Length of Coverage Rule. The benefits of the Plan which covered an employee, member or subscriber longer are determined before those of the Plan which covered that person for the shorter time.

To determine the length of time a person has been covered under a Plan, two Plans shall be treated as one if the claimant was eligible under the second within 24 hours after the first ended. Thus, the start of a new Plan does not include: (a) a change in the amount or scope of a Plan's benefits; (b) a change in the entity which pays, provides or administers the Plan's benefits; or (c) a change from one type of Plan to another. The claimant's length of time covered under a Plan is measured from the claimant's first date of coverage under that Plan. If that date is not readily available, the date the claimant first became a member of the group shall be used as the date from which to determine the length of time the claimant's coverage under the present Plan has been in force.

Effect on the Benefits of This Plan When it is Secondary
The benefits of This Plan will be reduced when it is a Secondary Plan so that the total benefits paid or provided by all Plans during a Claim Determination Period are not more than the total Allowable Expenses, not otherwise paid, which were incurred during the Claim Determination Period by the person for whom the Claim is made. As each Claim is submitted, This Plan determines its obligation to pay for Allowable Expenses based on all Claims which were submitted up to that point in time during the Claim Determination Period.

Right to Receive and Release Needed Information
Certain facts are needed to apply these COB rules. We have the right to decide which facts are needed. We may get needed facts from or give them to any other organization or person. We need not tell, or get the consent of, any person to do this. Each person claiming benefits under This Plan must give us any facts we need to pay the Claim.

Facility of Payment
A payment made under another Plan may include an amount which should have been paid under This Plan. If it does, we may pay that amount to the organization which made that payment. That amount will then be treated as though it were a benefit paid under This Plan. We will not have to pay that amount again. The term "payment made" includes providing benefits in the form of services, in which case "payment made" means reasonable monetary value of the benefits provided in the form of services.

Right of Recovery
If the amount of the payments made by us is more than we should have paid under this COB provision, we may recover the excess from one or more of: (a) the persons we have paid or for whom we have paid; (b) insurance companies; or (c) other organizations.

Non-complying Plans
This Plan may coordinate its benefits with a Plan which is excess or always secondary or which uses order of benefit determination rules which are inconsistent with those of This Plan (noncomplying Plan) on the following basis:

(a) If This Plan is the Primary Plan, This Plan will pay its benefits on a primary basis;
(b) if This Plan is the Secondary Plan, This Plan will pay its benefits first, but the amount of the benefits payable will be determined as if This Plan were the Secondary Plan. In this situation, our payment will be the limit of This Plan's liability; and
(c) if the noncomplying Plan does not provide the information needed by This Plan to determine its benefits within 30 days after it is requested to do so, we will assume that the benefits of the noncomplying Plan are identical to This Plan and will pay benefits accordingly. However, we will adjust any payments made based on this assumption whenever information becomes available as to the actual benefits of the non-complying Plan.]

SCHEDULE OF BENEFITS

[Benefit Period]	
[Extension of Coverage]	
[Deductible per Policy Year]	
[Out of Pocket Maximum per policy	

year]	
[Combined Individual Limit]	
[Maximum Benefit per Class I Insured persons /per Class II and III Insured Persons]	
[Trip Cancellation]	
[Trip Delay]	
[Trip Interruption]	
[Return Ticket]	
[Tuition Refund]	
[Baggage Loss and Delay; Maximum]	
[Return of Vehicle; Maximum]	
[Accidental Death and Dismemberment; Description and Maximums]	
[Accident Medical; Maximum, Coinsurance, Deductible]	
[Illness Medical; Maximum, Coinsurance, Deductible]	
[Maternity and Pre-Natal Care;Maximum] [Coinsurance, Deductible]	
[In-Hospital Indemnity; Maximum, Waiting Period]	
[Unexpected Recurrence; Maximum]	
[Mental Illness Maximum, Coinsurance, Deductible]	
[Dental (Emergency) Maximum, Coinsurance, Deductible]	
[Spinal Manipulation; Maximum, Deductible]	
[Emergency Medical Evacuation; Maximum]	
[Emergency Medical Reunion; Maximum]	
[Return of Mortal Remains; Maximum]	
[Incidental Trip to Home Country; Maximum, Duration]	
[Return of [Minor Child][Traveling Companion][Elderly Traveler]	

All Benefits are in U.S Dollars

SERFF Tracking Number:	*NWLC-125327277*	*State:*	*Arkansas*
Filing Company:	*Nationwide Mutual Insurance Company*	*State Tracking Number:*	*#4120 $50*
Company Tracking Number:	*SRINTRVL2500 AR F*		
TOI:	*09.0 Inland Marine*	*Sub-TOI:*	*09.0009 Travel Coverage*
Product Name:	*NATIONWIDE INBOUND-OUTBOUND TRAVEL*		
Project Name/Number:	*NATIONWIDE INBOUND-OUTBOUND TRAVEL/SRINTRVL2500 AR*		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	*NWLC-125327277*	*State:*	*Arkansas*
Filing Company:	*Nationwide Mutual Insurance Company*	*State Tracking Number:*	*#4120 $50*
Company Tracking Number:	*SRINTRVL2500 AR F*		
TOI:	*09.0 Inland Marine*	*Sub-TOI:*	*09.0009 Travel Coverage*
Product Name:	*NATIONWIDE INBOUND-OUTBOUND TRAVEL*		
Project Name/Number:	*NATIONWIDE INBOUND-OUTBOUND TRAVEL/SRINTRVL2500 AR*		

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty

Review Status: Approved 01/23/2008

Comments:

Attachment:

Arkansas NAIC transmittal filed.pdf

Satisfied -Name: 3rd Party Authorization

Review Status: Approved 01/23/2008

Comments:

Attachment:

Letter of authorization - NWM.pdf

Effective March 1, 2007

Property & Casualty Transmittal Document

Reset Form

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
	h. Subject Codes	

3.	Group Name	Group NAIC #
	NATIONWIDE	

4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	NATIONWIDE MUTUAL INSURANCE	OHIO	23787	31-4177100	

5.	Company Tracking Number	SRINTRVL 2500 AR

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	SUSAN COULTER 379 PRINCETON HIGHTSTOWN ROAD CRANBURY, NEW JERSEY 08512	CONSULTANT	609-443-7540	609-443-4103	susan@coulter-and-associates.com
7.	Signature of authorized filer		Susan Coulter		
8.	Please print name of authorized filer		Susan Coulter		

Filing information (see General Instructions for descriptions of these fields)

9.	**Type of Insurance (TOI)**	09.0 Inland Marine
10.	**Sub-Type of Insurance (Sub-TOI)**	09.0009 Travel Coverage
11.	**State Specific Product code(s)(if applicable)[See State Specific Requirements]**	
12.	**Company Program Title** (Marketing title)	inbound-outbound travel program
13.	**Filing Type**	☐ Rate/Loss Cost ☐ Rules ☐ Rates/Rules ☑ Forms ☐ Combination Rates/Rules/Forms ☐ Withdrawal ☐ Other (give description)
14.	**Effective Date(s) Requested**	New: upon approval Renewal:
15.	**Reference Filing?**	☐ Yes ☑ No
16.	**Reference Organization** (if applicable)	
17.	**Reference Organization # & Title**	
18.	**Company's Date of Filing**	10-18-2007
19.	**Status of filing in domicile**	☑ Not Filed ☐ Pending ☐ Authorized ☐ Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	SRINTRVL 2500 AR

21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

Nationwide Mutual Insurance Company is filing the captioned inbound/outbound travel program for your review and approval. The program will be issued to American Travel Services Trust located at Marine Bank in Springfield, Illinois. The program provides benefits related to travel for people traveling out-bound from this country who need to cover losses related to travel. The main market is people traveling for extended periods of time such as students and extended employment situations. The program covers trip interruption, delay, and cancellation, baggage, medical expense, ADD, repatriation, and emergency evacuation. The inbound program covers persons traveling to this country from other countries for extended periods of time.

The bracketed language is either included or excluded. It is not variable within brackets except for numerical data that would comply with state minimums.

These forms are new forms and do not supersede any forms on file with the Department. The program will become effective on the date of your approval.

View Complete Filing Description

22.	**Filing Fees** (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: 4120
Amount: 50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

Effective March 1, 2007

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	**This filing transmittal is part of Company Tracking #**	SRINTRVL 2500 AR
2.	**This filing corresponds to rate/rule filing number** (Company tracking number of rate/rule filing, if applicable)	

3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Certificate	SRINTRVL2500	☑ New ☐ Replacement ☐ Withdrawn		
02			☐ New ☐ Replacement ☐ Withdrawn		
03			☐ New ☐ Replacement ☐ Withdrawn		
04			☐ New ☐ Replacement ☐ Withdrawn		
05			☐ New ☐ Replacement ☐ Withdrawn		
06			☐ New ☐ Replacement ☐ Withdrawn		
07			☐ New ☐ Replacement ☐ Withdrawn		
08			☐ New ☐ Replacement ☐ Withdrawn		
09			☐ New ☐ Replacement ☐ Withdrawn		
10			☐ New ☐ Replacement ☐ Withdrawn		

PC FFS-1

Effective March 1, 2007

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	**This filing transmittal is part of Company Tracking #**	
2.	**This filing corresponds to form filing number** (Company tracking number of form filing, if applicable)	

☐ Rate Increase ☐ Rate Decrease ☐ Rate Neutral (0%)

3.	**Filing Method (Prior Approval, File & Use, Flex Band, etc.)**	

4a. Rate Change by Company (As Proposed)

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b. Rate Change by Company (As Accepted) For State Use Only

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)

		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
7.	Effective Date of last rate revision	
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		☐ New ☐ Replacement ☐ Withdrawn	
02		☐ New ☐ Replacement ☐ Withdrawn	
03		☐ New ☐ Replacement ☐ Withdrawn	

Nationwide Mutual Insurance Company
PO Box 2399
Columbus OH 43216-2399
Mail Code C0-03-24

To Whom It May Concern:

This letter or a copy thereof, gives authority to Susan Coulter of Coulter and Associates, Inc. to prepare our filing submission, sign certification forms, as appropriate, and correspond with your department on form and rate issues.

We trust this information is satisfactory, however you should have any questions regarding this authorization, please contact our Associate Vice President, Thomas DeNoma.

Please direct all inquiries and correspondence relating to this filing to Ms. Susan Coulter at:

Coulter and Associates, Inc
379 Princeton-Hightstown Road
Suite 15
Cranbury, New Jersey 08512

Phone: (609) 443-7540 Fax: (609) 443-4103 email: susan@coulter-and-associates.com

This authorization shall be valid until revoked by us.

Company Name: Nationwide Mutual Insurance Company

Signature: Bobby J. Hess

Date: 10/4/07